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ABSTRACT

The document reports on the sixth year activities of the Outreach: Macomb 0-3 Regional Project, a rural model for handicapped high risk infants, toddlers, and their families. Major project goals are to increase and improve specialized services for the population, refine the existing outreach model, and help develop evaluation and documentation plans to show program effectiveness. Progress in six project objectives is detailed: (1) awareness services concerning the model and early childhood education; (2) product development, revision, and dissemination; (3) site stimulation (adoption and continuation sites); (4) training and technical assistance; (5) cooperation with other agencies in local, state, regional, and national activities; and (5) provision of consultative services to early childhood and special education programs. A concluding section notes administration features of the project. Extensive appendixes include sample project forms, new dissemination materials, and new and revised training materials. (CL)

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OUTREACH: Macomb 0-3 Regional Project

A Rural Child-Parent Service

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
SPECIAL EDUCATION PROGRAMS

Program Performance Report
for
Handicapped Children's Early Education Program

Date of Report: December 21, 1984

Period of Report: October 1, 1983 to September 30, 1984

Grant Number: G008301203

Project Number: 024BH30052

Grantee Name and Project Name:

Western Illinois University
0-3 Rural Early Childhood Handicapped Child/Parent Service

Director: Patricia L. Hutinger, Ed.D.

EC172047

U.S. DEPARTMENT OF EDUCATION

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4. Grantee Name and Project Name:

   Western Illinois University
   0-3 Rural Early Childhood Handicapped Child/Parent Service
5. Certification. I certify that to the best of my knowledge and belief this report (consisting of this and subsequent pages and appendices) is correct and complete in all respects, except as may be specifically noted herein.

Patricia L. Hutinger

Patricia L. Hutinger, Ed.D.
Project Director

EC172047

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ACCOMPLISHMENT REPORTING

The data contained in this document constitute a report on the sixth year activities of the Outreach: Macomb 0-3 Regional Project covering activities for the 12 month period, October 1, 1983 to September 30, 1984. The paper is organized into main headings according to Project objectives and categories determined to be indicators of impact at the meeting for Outreach Projects in Reston, Virginia in September, 1980 (Swan, 1981). Appendices include documentation for the activities cited. Further documentation of activities completed during the first nine months of 1983, as well as summaries of the first five years of Outreach, are contained in the Outreach proposal for seventh year funding, dated February 1984.

Overview of Project

The Outreach: Macomb 0-3 Regional Project, a Child/Parent Service, is a rural model for handicapped and high risk infants, toddlers and their families, with continuation sites housed in two rehabilitation centers, one in McDonough County and the other in Fulton County, Illinois. The Project's model has effectively demonstrated the ability to function in a rural setting, establish rapport with families and agencies, and meet a variety of needs ranging from general awareness to specific training for work with young handicapped children and their families. National approval granted by the Joint Dissemination Review Panel (JDRP) in June, 1980 demonstrates that positive progress made by children in the model programs is statistically significant and can be attributed to the impact of the model. Outreach activities have been broad and varied, including establishing adoption sites across the country, training and working cooperatively with state level personnel in planning and meeting early intervention personnel needs, working with other First Chance Projects in Illinois, interacting with the Rural Network, and providing consultation to the local school district.

The major goals of the model are two-fold:

1. To provide an effective educational/remediation program in rural areas for optimal development of children with handicaps.

2. To help parents who live in rural areas acquire skills and knowledge required to become more effective in dealing with their children.

Analyses of child-gain data from sites continue to indicate that the first goal is effectively met by Project activities, while parental satisfaction data indicate that parents perceive themselves as gaining skills and knowledge, leading to effective accomplishment of the second goal.

Outreach Goals and Objectives

Project Goals

The major goals of the Outreach Project follow:

1. Increase high quality specialized services in rural areas to handicapped and high risk children from 0-3 years of age and to their families.
2. Improve existing specialized services in rural areas to handicapped and high risk children from 0-3 years of age and to their families.
3. Refine the existing effective Outreach Model for serving rural communities.
4. Ensure the continuation of services to the 0-3 handicapped population by helping ECH programs develop evaluation and documentation plans to show program effectiveness.

Outreach goals were delineated further in an invited presentation by the Director at the Outreach Conference Project Directors meeting in 1981 and are contained in an article entitled "A Rural Child/Parent Service Outreach Project: Basic Assumptions and Principles" found in the proceedings document (Swan, 1981). In 1982 this article was revised and was included in the Outreach proposal, January, 1983. A list of articles written about the Project and sample copies are contained in Figure 5 of the Outreach proposal, February, 1984.

Meeting the Outreach goals results in an increase in the number and quality of programs for infants and young children in rural areas, further development and refinement of materials and curriculum for such projects, and a higher quality of intervention delivery strategies. The objectives of the Project are interrelated--activities and impact in one area affect and enhance activities and outcome in other areas. Although primary focus is on the 0-3 target population, specific components of the Project are also useful for the 3-6 year old population.

Highlights of the past year of Outreach services have been numerous and include activities with continuation and replication/adoption sites; implementation of a grant from the Illinois Governor's Planning Council on Developmental Disabilities to study the state of the art of 0-3 programs in Illinois; invited participation and consultation with the State Education Agencies (SEA) Consortium; continued participation in HCEEP Rural Network activities; an Early Childhood Conference, co-sponsored with two other Illinois First Chance projects, the Illinois Division of Early Childhood, and the Illinois State Board of Education; initial awareness presentations in a number of states including Illinois, Nebraska, Missouri, South Dakota, Montana, and Ohio; successful completion of data collection on sites; as well as continuation of field testing and revisions on the Macomb 0-3 Core Curriculum, and development and revision of other products.

A summary of the indicators of impact from the sixth year of Outreach service is contained in Table 1.

Project Objectives

The Outreach goals were met through the attainment of the following objectives:

1. Provide awareness services concerning the Macomb 0-3 Regional Project and model and early childhood education.

2. Develop, revise and disseminate Project products and training and instructional materials.

3. Stimulate high quality programs, provide training and technical assistance in the preparation, implementation and evalution stages of a Macomb 0-3 program adoption/replication.

4. Provide training to early childhood and special education personnel in topics related to working with handicapped young children and their families.

5. Cooperate and participate with other agencies in local, state, regional and national activities related to services for young handicapped children.

6. Provide consultative services to early childhood and special education programs.

Target Population and Sites

Project adoptions are primarily intended for the 0-3 age range; however, Project objectives also focus on young children from 3-6 years. The Sharing Center component provides a least restrictive alternative, while the evaluation design of the Project, as well as some aspects of Home Visits, are applicable for projects serving older children.

The Outreach staff maintain contact with 25 established sites in Illinois, Wisconsin, South Dakota, North Dakota, Oklahoma, Washington, Ohio, and Kentucky and potential sites in Texas, Missouri, and Montana. Contact with local area agencies continues to be a major function of the Project. Cooperative efforts resulted in a successful Very Special Arts Festival and a developmental checklist for new parents. The Project continued monthly training responsibilities with the 0-3 Regional Consortium (1B Developmental Disabilities Region) in cooperation with the Peoria 0-3 Outreach Project.

Table 1

Indicators of Impact: October 1, 1983--September 30, 1984

1.00 Awareness		
Number of persons receiving awareness materials via conference attendence and participation		755
Number of persons requesting awareness materials or information by phone/letter		361
Number of persons visiting the demonstrations sites		57
2.00 Product Development/Distribution		
Number of Products Available:	Papers	32
	Books	4
	Training Handouts	100+
	Curriculum	1
	CORE-Computer Software	1
	Rural Network 1. Monographs	9
	2. Proceedings Document	2
	First Chance Directory	1
Number Distributed		5809
Number of audiovisual materials		13
Number of times shown		24
Number of viewers		317
Number of children receiving new/improved services via use of audiovisual materials		10,645*

Table 1 (continued)

	Indicators of Impact
3.00 Stimulating High Quality Programs	
Number of children served at demonstration/ continuation sites	50
Type of handicap of children served at demonstration/ continuation site	**
Number of children served at model adoption sites	87
Number of children served at component adoption sites	932
4.00 Training	
Number of college/university training programs incorporating model components	2
Number of handicapped children served by number of persons receiving training	9967+
Number of professionals receiving training	338
Amount and source(s) of funding provided by others to support training experiences	$5877.44 State Departments Local School Districts, Federal Funding
5.00 Local/State/Regional/National Involvment and Coordination	
Recognized assistance in developing or amending state plans state policies, or legislation	4
Recognized assistance in supporting new positions/ structure for early childhood within State Department of Education or other state agencies	5
Number of publications developed and number distributed with project's assistance in program guidelines, license or certification, etc.	5
Demonstrated effectiveness in meeting various consortium objectives (e.g. referral networks)	
Illinois First Chance Consortium Directory	published & distributed
Illinois First Chance Meetings	4
Illinois First Chance Technical Assistance Project	in progress

Table 1 (continued)

	Indicators of Impact
5.00 Local/State/Regional/National Involvement and Coordination	(continued)
Region IB 0-3 Consortium	meetings held monthly
Demonstrated effectiveness in meeting various rural needs	
Rural Network Monographs	11 edited & Published 3 in development 361 disseminated
Rural Network Meetings	3
Regional Rural Network Workshops	
Billings, Montana	April 1983
Kingsport, Tennessee	May 1984
Rural Network Resource Bank	participating
6.00 Other Technical Assistance/Consultation	
Number of children served with increased high quality services	2000+
Number of persons receiving information on sources of funding, writing proposals, and receiving funding	7
Cost benefit consideration and analysis	11
Related projects funded	3

*Large increase in number of children reflects evaluation data submitted by administrators serving Headstart children via Resource Access Projects (RAP)

**Developmentally Delayed, Seizures, Motor Delay, Down Syndrome, Cerebral Palsy Environmental Delays, Auditory Delay, Language Delay, Multihandicapped, Hydrocephaly, High Risk

Staff also worked with Project ACTT (Activating Children Through Technology) staff in implementing the Macomb 0-3 Core Curriculum as an integral part of the curriculum for young handicapped children served by Project ACTT

In light of escalating travel costs, combined training sessions were held whenever possible. Work with several agencies during one trip was accomplished in South Dakota and Ohio. A training trip to Texas to work with several agencies is scheduled for early 1985.

Outreach Services and Activities

A comprehensive listing of Project activities which have been completed during the 1893-84 project year is contained in the following pages. The target audience or participants for each activity, along with the date of the service, is indicated. In each case documentation or evaluation data have been included. The activities are listed according to the major objectives of the Project which include:

1.00 To provide awareness activities,
2.00 To revise and develop products,
3.00 To stimulate and develop adoption/replication sites,
4.00 To provide training to others,
5.00 To participate in national, regional, state and local coordination and activities,
6.00 To provide consultant services,

Awareness Accomplishments

Activities for general and Project specific awareness represented frequent contacts with the public and involved a variety of methods for raising general awareness about services to 0-3 age handicapped and high risk young children. Figure 1 contains a listing of Project specific awareness activities, including mass mailings, exhibits, awareness presentations, and distributions of materials. Awareness techniques such as those listed in Figure 1 have been used to increase awareness in university students and faculty, members of the helping professions, decision makers, various professionals, agencies and the public at large.

The Macomb 0-3 Project staff continued to work with state departments of education, NDN state facilitators and university departments of special and early childhood education to increase awareness of the Project. For example, awareness materials have been disseminated through the Colorado State Department of Education, the Minnesota NDN State Facilitator, and the Special Education Department of the University of Wisconsin at Eau Claire. Ongoing communications with state level personnel work with the SEA Consortium, and the State of the Art of 0-3 Programs in Illinois Study continued to bring national recognition to the Project and requests for information and services from across the country.Sources and types of requests for information are sumarized in Table 2.

The Outreach staff has responded to 10 questionnaires from various sources about the Project services to young handicapped children this last year.

Figure 1: Activities accomplished for awareness objective.

Objective: 1.0 To provide awareness services concerning the Macomb 0-3 Regional Project and model and early childhood education.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
1.1 Disseminate awareness materials.			
-Provided awareness materials for CEC Conference.	4/20/84	Administrators, direct service providers.	Documentation in Project files.
-Provided awareness materials for nursing students.	4/27/84	12 student nurses.	Documentation in Project files.
-Provided awareness materials on Core Curriculum.	6/84	State Implementation Grant personnel, pre-school coordinators, state facilitators.	Documentation in Project files.
-Provided awareness materials to parent groups.	7/31/84	10 parent groups.	Documentation in Project files.
-Developed ad for Core Curriculum.	7/84	Subscribers to Fall issue DEC Journal.	Sample in Appendix A.
-Provided awareness materials to persons who order Baby Buggy materials from 8/83 to 8/84.	8/8/84	32 persons who ordered Baby Buggy materials.	Documentation in Project files.
-Provided awareness materials to persons who ordered Core Curriculum from 8/83 to 8/84.	8/9/84	58 persons who ordered Core Curriculum.	Documentation in Project files.
-Macomb 0-3 Project Core Curriculum posted on SpecialNet.	9/27/84	Early Childhood special education administrators and direct service personnel.	Documentation in Project files.

Figure 1: Activities accomplished for awareness objective. (continued)

Objective: 1.0 To provide awareness services concerning the Macomb 0-3 Regional Project and model and early childhood education.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
1.1 Disseminate awareness materials. (continued)			
-Provided awareness materials to program administrators and personnel who request information by letter, phone or personal concontact.	10/83 - 9/84	185 program directors and staff in 38 states and 5 countries.	Requests summarized in Table 2. Documentation in Project files.
-Provided awareness materials to state education agencies.	4/84	Colorado early intervetion personnel.	50 sets of Project and Core Curriculum brochures sent to Brian McNutly, Colorado State Department of Special Education.
-Provided awareness materials to state facilitators (NDN).	1/84	Minnesota early intervenion personnel.	15 sets of awareness materials sent to Dick Peterson, NDN, State Facilitator, Minnesota.
-Provided awareness materials to technical assistance projects.	2/84	West Virginia early intervention personnel.	Materials sent to West Virginia University Technical Assistance Project.
		Virginia early intervention personnel.	Materials sent to Virginia Polytechnic Institute and State University, Department of Education.
-Provided awareness materials to Ohio RAP Conference.	10/15/84	Headstart personnel in Ohio.	70 Project brochures, 70 Core Curriculum brochures sent to Debbie Herron, RAP, Champaign, Illinois for distribution.
-Provided awareness materials to state level personnel.	10/83 - 9/84		Documentation in Project files.
.State facilitators.		Oregon - Ralph Nelson Arizona - Leon Webb	

Awareness Objective

Figure 1: Activities accomplished for awareness objective. (continued)

Objective: 1.0 To provide awareness services concerning the Macomb 0-3 Regional Project and model and early childhood education.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
1.1 Disseminate awareness materials. (continued)			
.State Departments of Special Education.	10/83 - 9/84	Wisconsin - Jenny Lange Alabama - Freida Judge Iowa - Nina Carren South Dakota - Deb Barnett Texas- Samera Baird Virginia - Sharon Keifer Washington - Candy Baker	
.University Departments of Special Education.		Kansas - Patricia Barber Wisconsin - David Franks	
-Provided awareness materials to Regional Resource Center, Columbus, Ohio Great Lakes Area.		Illinois, Indiana, Ohio, Michigan, Wisconsin, Minnesota, Pennsylvania	Ongoing communication and requests from RRC documented in Project files.
1.2 Participate in awareness activities.			Sample agendas in Appendix B.
-Presentation at RAP/Nebraska Department of Education Conference, Kearney, Nebraska.	3/22 -	Headstart teachers and administrators, pre-school teachers and administrators.	Evaluation in Project file. Evaluation summary included in Appendix C.
-Presentation at INTERACT Conference, Kansas City, Missouri.	3/30/84	Administrators, direct service presonnel, students.	Documentation in Appendix B.
-Presentation at Early Interention Workshop, Sioux Falls, South Dakota.	4/6/84	Teachers and administrators, Sioux Falls, South Dakota.	Agenda in Appendix B.

Figure 1: Activities accomplished for awareness objective. (continued)

Objective: 1.0 To provide awareness services concerning the Macomb 0-3 Regional Project and model and early childhood education.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
1.2 Participate in awareness activities. (continued)			
-Presentation at Montana Symposium in conjunction with Rural Network.	4/11/84	Administrators, direct service personnel, students.	Evaluation summary in Appendix C.
-Poster display at Montana Symposium.	4/11/84	Administrators, direct service personnel, students.	
-Exhibited materials at conferences.		Administrators, direct service personnel, students.	Documentation in Project files.
.HCEEP Conference, Washington, D. C.	12/12 - 15/83		
.INTERACT Conference, Kansas City, Missouri	3/30/84		
.Montana Symposium, Billings, Montana.	4/11/84		
.CEC National Convention, Washington, D. C.	4/23 - 27/84		
.Rural Network Appalachian Workshop, Kingsport, Tennessee.	5/10/84		
.Third Illinois Birth to Three Symposium.	5/17 - 18/84		
-Met with Judy Goodrich, Coordinator of Early Intervention Project, Lexington, Kentucky to give awareness information.	6/11/84	Judy Goodrich	Documentation in Project files.

Figure 1: Activities accomplished for awareness objective. (continued)

Objective: 1.0 To provide awareness services concerning the Macomb 0-3 Regional Project and model and early childhood education.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
1.2 Participate in awareness activities. (continued)			
-Awareness presentation at Spoon River College.	6/27/84	Child development students.	Evaluation summary in Appendix C.
-Met with early childhood personnel in Ohio for awareness purposes.	9/4-7/84	Ohio State Department of Special Education personnel. Great Lakes Area Regional Resource Center. Ohio Developmental Disabilities Planning Council. (Phone contact; meeting postponed.)	Documentation in Project files.
-Met with Colleen Blankenship, staff person in Special Education University of Illinois to give awareness information.	11/11/83	Colleen Blankenship	Documentation in Project files.
1.3 Cooperate with other agencies in awareness activities.			
-Cooperated with Rural Network.		Administrators, direct service personnel, students.	Documentation in Project files.
.Montana Symposium.	4/11/84		
.Appalachian Workshop.	5/10/84		

Figure 1: Activities accomplished for awareness objective. (continued)

Objective: 1.0 To provide awareness services concerning the Macomb 0-3 Regional Project and model and early childhood education.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
1.3 Cooperate with other agencies in awareness activities. (continued)			
-Co-sponsored with Project RHISE Outreach, Peoria 0-3 Outreach (with cooperation from Illinois First Chance Consortium).			
.Illinois Birth to Three Symposium.	5/17 - 18/84	Administrators, direct service personnel.	Brochure in Appendix B. Evaluation summary in Appendix C.
-Co-operated with INTERACT.			
.INTERACT Conference.	3/30/84	Administrators, direct service personnel.	Brochure in Appendix B.
-Co-operated with Illinois State Board of Education, local education agencies in Very Special Arts Festival.	10/18/84	Special education students, teachers, parents.	Brochure in Appendix B.
1.4 Maintain contact with individuals, programs on mailing list.			
-Responded to requests for information.	10/83 - 9/84	Administrators, direct service personnel, parents, students.	Documentation in project files.
-Developed and mailed newsletters.	11/83 4/84	Administrators, direct service personnel, parents, students.	Sample newsletter in Appendix A. 1,237 individuals on mailing list.

Table 2: Summary of Sample Sources and Types of Requests 10/83-9/84

Sample Sources and Types of Requests	Type of Request				Component Adoption							
	Total Requests	Awareness	Products	Consultation/ Staff Development	Home Visits	Core Curriculum	Sharing Centers	WADE	Program Evaluation	Transition	Model Adoption	Totals*
State Department of Education	10	2	6	1						1	1	11
State Agencies (MH, DD, Community Action)	81	27	55	2	2	2	2	3	1	2	2	98
Schools (Co-ops, Public, Private, Universities)	85	31	57	3	1	1	1	2	2			98
Individuals	80	65	19	2		1		1				88
Private Agencies (UCP, ARC, Easter Seals)	65	34	37	3	1	2	1	2	4	2	4	90
Federal Agencies (Head Start, HCEEP)	36	22	16	1				1	1			41
Medical	4	4	5									9
Totals	361**	185	195	12	4*	6*	4*	9*	8*	5*	7*	435**
%		42	44	3	1	1	1	2	2	1	2	99

--Copies of Requests are on file in Project Office

*When all adoption requests are totaled N=43 or 10% of total requests.

**"Type of Requests" totals are greater than "Total Requests" for information because some requests asked for more than one type of information.

Awareness materials have been sent to 185 individuals requesting information about the Project. The Project has participated in numerous awareness activities ranging from a presentation to a local junior college child development class to presentations at the National CEC Conference. Many activities have been carried on in conjunction with other organizations such as Rural Network and INTERACT. Newsletters are periodically disseminated to persons on a continually up-dated mailing list. In addition to activities listed in Figure 1, many activities listed as site stimulation activities (Figure 3) and training activities (Figure 5) serve to increase Project awareness. Table 3 contains an accounting of other product dissemination experiences.

Product Development Accomplishments

The Macomb 0-3 Project continues to produce new materials and staff continue to revise and refine materials produced earlier to meet the demands of varying training situations. Awareness, curriculum, evaluation and training materials were developed and refined as indicated in Figure 2.

Training flyers and the Project abstract were revised. A temporary handout, "The Baby Buggy News," was developed and printed for use while the Project brochure was redesigned and printed. Sample copies of both are included in Appendix A. Other printed awareness materials were reviewed and revisions were made as needed.

The decision was made to produce an awareness videotape rather than revise the slide tape. This tape, produced in February, presents an overview of the Project and features Project staff discussing various aspects of the Project. It is available for loan to persons interested in the Macomb 0-3 Project and has thus far been viewed by two agencies. It is currently undergoing revision in conjunction with the development of videos on Project components. A no-cost time extension to produce videotapes on Project Components was requested.

Along with the continued development and dissemination of a bi-yearly Project newsletter, staff members have again this year produced and distributed to Sharing Center sites the Sharing Center News. This newsletter, which was printed in November, 1983 and April, 1984, went to 18 Sharing Center sites across the country. A sample copy is contained in Appendix D. The fifth edition was distributed in October, 1984.

Training materials for all Project components were revised, updated, and expanded. New materials on planned discrepancies and the linguistic approach to communications, as well as materials specific to implementing model components, were developed. Other available materials were reviewed and revised as indicated in Figure 2. Sample copies of completed new training materials can be found in Appendix D. Many products are in the developmental stages. Videotapes on all Project components including curriculum are currently being developed. Baby Buggy papers and books on a variety of topics including a parent bibliography, books for babies, working with the medical community, and program evaluation, are in process and nearing completion. The regional educational television station, CONVOCOM, is just beginning operations. Development of programs for this station has been delayed.

Table 3. Product Dissemination Experiences, 1978-1983

	7/78-7/79	7/79-7/80	7/80-7/81	7/81-6/82	7/82-9/83	10/83-9/84
Written requests received for materials	113	83	146	202	229	361
Number of awareness materials and products disseminated as result of written requests	695	723	566	1898	1667*	990
Number of awareness materials disseminated as result of personal contacts	750	843	510	1795	1529*	2349
Number of requests for further information, training as result of dissemination	26	53	96	117	125	139
Number of individuals, programs on mailing list for newsletter	0	950	1053	1346	1473	1237**

*Note that changes in numbers reflect our consolidation of 28 Baby Buggy Papers into one product.

**Deletion of duplications and multiple copies to the same agencies resulted in lower mailing list number.

Figure 2: Activities accomplished for product revision and development objectives.

Objective: 2.0 Develop, revise and disseminate project products and training and instructional materials.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
2.1 Refine available awareness materials.			
-Developed Awareness Brochure "Baby Buggy News."	4/84	Persons requesting information on Outreach Services; participants at awareness presentations.	Copy in Appendix A.
-Revised Training Flyer and Project Abstract.		Persons requesting information on Outreach Services.	Copy in Appendix A.
-Developed new Awareness Brochure.	5/84	Persons requesting information on Outreach Services.	Copy in Appendix A.
2.2 Develop and produce new awareness materials.			
-Developed awareness videotape.	2/84	Administrators.	Available from Project office.
2.3 Revise available training instructional materials.			
-Sharing Center News.	11/83 4/84	Sharing Center adoption site staff, administrators, trainees.	Excerpt in Appendix D
-Videotape activity worksheets. .Infant and Toddler Development. .Developing objectives and functional activities.	4/84	Site staff, inservice trainees.	Worksheets in Appendix D.

Figure 2: Activities accomplished for product revision and development objectives. (continued)

Objective: 2.0 Develop, revise and disseminate project products and training and instructional materials.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
2.3 Revise available training instructional materials. (continued)			
-Activity Plan Worksheet.	4/84	Site staff conducting home visits, inservice trainees.	Worksheet in Appendix D.
-WADE participation form.	6/84	Site staff conducting WADE, inservice trainees.	Form in Appendix D.
-WADE WAVES - Ideas on WADE.	6/84	Site staff conducting WADE, inservice trainees.	Excerpt in Appendix D.
-Revise training manual.	8/84	Site staff.	Excerpt of table of contents in Appendix D.
-Child and Family Intervention summary.	8/84	Site staff conducting home visits, inservice trainees.	Worksheets in Appendix D.
-CDS competencies.	9/84	Site, Outreach staff.	Competencies in Appendix A.
2.4 Develop new training/instructional materials.			
-Individual child and family needs program.	11/83	Site staff conducting home visits, inservice trainees.	Excerpt in Appendix D.
-Planned Discrepancies: Surprise Activities to Increase Infant's Cognitive Development.	2/84	Site staff conducting home visits, trainees.	Excerpt in Appendix D.
-Developmental checklist.	2/84	Site staff, inservice trainees, parents.	Excerpt in Appendix D.

Figure 2: Activities accomplished for product revision and development objectives. (continued)

Objective: 2.0 Develop, revise and disseminate project products and training and instructional materials.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
2.4 Develop new training/instructional materials. (continued)			
-REEL Fact Sheet.	5/84	Site staff using REEL, inservice trainees.	Fact sheet in Appendix D.
-WADE training materials.	6/84	Site staff conducting WADE, inservice trainees.	
.Videotape and handouts of physical therapist discussing water activities.	6/84	Site staff conducting WADE, inservice trainees.	Tape in Project office.
.WADE planning guide.	6/84	Site staff conducting WADE, inservice trainees.	Form in Appendix D.
.WADE needs assessment.	6/84	Site staff conducting WADE, inservice trainees.	Form in Appendix D.
.WADE medical release.	6/84	Site staff conducting WADE, inservice trainees.	Form in Appendix D.
.WADE participation form.	6/84	Site staff conducting WADE, inservice trainees.	Form in Appendix D.
.WADE parent evaluation - individual sessions.	6/84	Site staff assessing parent satisfaction with WADE, inservice trainees.	Form in Appendix D.
.Parent questionaire: Evaluation of WADE.	8/84	Site staff assessing parent satisfaction with WADE, inservice trainees.	Form in Appendix D.

Figure 2: Activities accomplished for product revision and development objectives. (continued)

Objective: 2.0 Develop, revise and disseminate project products and training and instructional materials.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
2.4 Develop new training/instructional materials. (continued)			
-Baby Talk Diary	7/84	Participants in inservice training.	Excerpt in Appendix D.
-Procedures for calculating mean length utterances.	7/84	Site staff conducting home visits, participants in inservice training.	Excerpt in Appendix D.
-Characteristics of Brown's Linguistic Stages.	7/84	Site staff conducting home visit, participants in inservice training.	Excerpt in Appendix D.
-Communication notes.	7/84	Site staff conducting home visits, participants in inservice training.	Excerpt in Appendix D.
-Slides/videotape of Sharing Center.	8/84	Site staff conducting Sharing Centers, inservice trainees.	Videotape in Project office.
2.5 Develop procedures and materials to train 0-3 personnel without previous experience in working with young handicapped children.			
-Developed training packets in the following areas: .Hearing impaired. .Assessment.	10/83 - 11/84	Direct service personnel.	Documentation in Project files. Excerpt in Appendix D.

Figure 2: Activities accomplished for product revision and development objectives. (continued)

Objective: 2.0 Develop, revise and disseminate project products and training and instructional materials.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
2.5 Develop procedures and materials to train 0-3 personnel without previous experience in working with young handicapped children. (continued)			
.Parent involvement.			
.Program evaluation.			
2.6 Revise, field test the Core Curriculum.			
-Began data collection from field test sites.	10/83 - 9/84	Field test site personnel, Outreach staff.	Documentation in Project files.
-Developed Core Curriculum Age Referenced Charts.	3/84	Sites field testing Core	Copy available in Project office
-Training on Core Curriculum conducted for field test site.	11/4/83 2/84	Warren Achievement Center 0-3, Replication continuation sites.	Documentation in Project files.
-Training on Core Curriculum at project site.	2/29/84	0-3 Replication and Continuation sites. Field test sites.	Documentation in the Project files. Evaluation summary in Appendix C.
-Developed and distributed Core Curriculum Pre-Evaluation Questionaire.	3/84	Field test site personnel.	Documentation in Project files.
-Sent evaluations of Core Curriculum to purchasers.	8/84	Persons ordering Core Curriculum.	Evaluation summary in Appendix C.

Figure 2: Activities accomplished for product revision and development objectives. (continued)

Objective: 2.0 Develop, revise and disseminate project products and training and instructional materials.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
2.7 Refine available management/evaluation materials.			
-Revised Staff Activities Accountability Program Outreach form.	3/84	Outreach staff.	Excerpt in Appendix D.
-Developed systemized program management on microcomputer disks. .Core curriculum -IEP Development -Child records	10/83 -	0-3 administrators and direct service staff.	Computer programs available from Project.
2.8 Develop new management/evaluation materials.			
-Revised Site Stimulation Procedures.	6/84	Administrators at sites, Outreach staff, others contracting for Outreach services.	Form in Appendix D.
-Financial Agreement.	6/84	Administrators at sites, Outreach staff, others contracting for Outreach services.	Form in Appendix D.
-Information form for training.	6/84	Administrators at sites, Outreach staff, others contracting for Outreach services.	Form in Appendix D.
-Replication Site Pre-Training Needs Assessment.	6/84	Administrators at sites, Outreach staff.	Form in Appendix D.
-Model Fidelity Profile	9/84	Site staff, Outreach staff.	Profile in Appendix D.
-CDS competencies	9/84	Site staff, Outreach staff.	Profile in Appendix D.

Product Revision and Development Objective

Figure 2: Activities accomplished for product revision and development objectives. (continued)

Objective: 2.0 Develop, revise and disseminate project products and training and instructional materials.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
2.9 Develop, produce products cooperatively with rural projects.			
-Survival Strategies Monograph (in process).	To be completed 3/85	Rural service providers, 0-3 program administrators.	Documentation in Project files.
-Parent Involvement Monograph (in process).	3/85	Rural service providers, 0-3 program administrators.	Documentation in Project files.
-Training Personnel to Work in Rural Areas.	3/85	Rural service providers, 0-3 program administrators.	Documentation in Project files.
2.10 Disseminate Project materials.			
-Processed orders for Baby Buggy Books and papers.	10/83 - 9/84	Administrators, direct service personnel and parents interested in rural service delivery.	138 orders processed. 341 products disseminated.
-Loaned books, toys to site staff members.	10/83 - 9/84	Site staff members.	Documentation in Project files.
2.11 Disseminate Project media products.			
-Loaned slide/tapes and videotapes.	10/83 - 9/84	Administrators, direct service personnel.	Documentation in Project files.
2.12 Disseminate products in conjunction with other rural projects.			
-Processed orders for Rural Network monographs.	10/83 9/84	Administrators, direct service personnel, parents interested in rural service delivery.	66 orders processed. 361 monographs disseminated.

Training packets on hearing impairment, Sharing Centers, and assessment have been completed and are ready for distribution. Parent involvement, nutrition, working with the medical community, and program evaluation training packets are nearing completion. These packets are designed for use with site staff members who have little or no previous training in a specific area. Excerpts are found in Appendix D.

A major effort this year has been the field testing of the Core Curriculum. A list of field test sites and locations can be found in Table 5. The field testing period ended in November and data is now being. Final evaluation reports and requests for activities, adaption, and post test data have been sent to sites. These forms, as well as a summary of preliminary field test data, are included in Appendix C.

A major addition to Core Curriculum materials developed this year is the CORE (Computer Oriented Record-Keeping Enabler), a microcomputer program for use in developing IEP's and maintaining and updating child records. The software for this program is now available through the Project. A flyer describing CORE is found in Appendix A.

Management materials were also refined and new products developed. A number of microcomputer programs were completed. Other Outreach procedure materials were also developed, as indicated in Figure 2. Samples are included in Appendix D. A major effort was the development of the Model Fidelity Profile. This Profile is used to assess a program adherence to the Macomb 0-3 model. A copy is included in Appendix D.

Three additional Rural Network monographs, Parent Involvement, Survival Strategies, and Training Personnel to Work in Rural Areas, were in the development/production stages during 1983-84. Completion is targeted for Spring, 1985. The Macomb 0-3 Project office continues to produce and disseminate the monographs and maintain financial records.

A computer program to document dissemination of Baby Buggy materials and record evaluation continued to be used during the past year. The printout, which provides an accurate record of dissemination of materials, shows that in the past year 341 products were requested by 138 agencies, universities, medical centers, and individuals in 41 states and 7 foreign countries. Ninety-eight of the materials requested were Core Curriculum. A sample page from the printout is included in Appendix D.

Site Stimulation Accomplishments

During its sixth year of funding, the Outreach: Macomb 0-3 Project continued to emphasize the stimulation of adoption sites. Three types of sites remain intact. They are as follows:

1. Component Adoption Site: a program which receives assistance in preparation, implementation and evaluation of one of the model components (Home Visits, Sharing Centers, WADE or Program Evaluation);

2. Model Adoption Site: a program which chooses to adopt all components of the model and agrees to provide child gain and parent satisfaction data to the Project;

3. Field Test Site: a program which agrees to use the Macomb 0-3 Core Curriculum, 3rd Edition, complete a written evaluation of the curriculum, and collect child gain data during the field test period.

Figure 3 details the activities undertaken with component and model adoption sites and with continuation sites. There are currently 20 component adoption sites (3 of which are new), 5 model adoption sites (2 of which are new), 2 continuation sites, and 12 field test sites. Project staff have conducted training and follow-up services for these 39 sites.

Budget restraints, changes in staff and program changes at sites have meant changes in the implementation of components. One Sharing Center site established in 1982 at the Little River Co-operative in Tecumseh, Oklahoma discontinued that service in 1983 due to staff changes and budget cuts. However, after consultation with Project staff, new staff at the Little River Co-operative were able to begin Sharing Centers. An Illinois site established in 1978 had so adapted the Sharing Center concept that they could no longer be considered a site. Another Illinois site adapted the concept to include a therapist who works with the children during Sharing Centers. Since this program is still using basic concepts of the component, it is considered an adoption site. A third Illinois site is using concepts and ideas from Sharing Center training with parent volunteers in their center-based program. This program is also considered an adoption site. A site in South Dakota that was trained and signed a replication agreement was never able to implement Sharing Centers.

Table 4 lists each of the current adoption sites by the components which they have adopted, includes staff size and number of children served, and identifies those which are new this year. Figure 4 illustrates the location of adoption sites. Table 5 lists field test sites and their locations.

Outreach staff maintain contact with continuation and adoption sites at different levels of involvement. Sites at the negotiation and planning stage are considered Level I sites. Staff provide extensive support and training to Level II sites. Level III sites, which have been previously trained, receive support and follow-up training, while Level IV sites, which are adequately trained and can now help train others, require little support from Project staff. Table 6 lists the current involvement levels for continuation, model adoption and component adoption sites.

Component and Model Adoption Sites. Component and model adoption sites have received extensive time commitments from the Outreach staff this past year. Two of the new model adoption sites are located at a great distance from the Macomb site and have necessitated extensive travel. Staff members at two model adoption sites in Illinois required extensive support from Project staff, including further training and consultation because of limited resources and personal experience.

These examples demonstrate the commitment made by the Outreach staff to quality of training experiences. Each of the sites trained during the year has had enough direct contact with Project staff to facilitate long-term change and growth in their programs. The "Satisfied with Outreach Services

Figure 3: Activities accomplished for site stimulation objectives.

Objective: 3.0 Stimulate high quality programs, provide training and technical assistance in the preparation, implementation, and evaluation stages of Macomb 0-3 adoption/replication.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
3.1 Identify sites selected from states receiving primary and secondary emphasis on site stimulation.			
-On-going contacts with Early Childhood personnel concerning Macomb 0-3 services and possibilities of working in their area.	10/83 - 9/84		Documentation in Project files.
.State facilitators.		Idaho - Paul Swartsenberg Oregon - Ralph Nelson Washington - Keith Wright	
.State Department of Special Education.		Brian McNulty, David Smith - Colorado Jenny Lange, David Franks, Dwayne Peterson - Wisconsin Deb Barnett - South Dakota Jan Thelin - Nebraska Denise Billage, Debbie Lauder, Rita Barkley - Texas Mimi Mazzier - Kentucky Susan Martin, De Dransfield - SEOVEC - Ohio Candy Baker - Washington	
.State implementation grant personnel.		Michael Hagen - Montana Patricia Spencer - Wyoming	
.Private agencies.		Natalie Arend, Ann Geary - PARC,Paulding, Ohio	
.Private consultants.		Donna Dercacz - Austin, Texas	

Figure 3: Activities accomplished for site stimulation objectives. (continued)

Objective: 3.0 Stimulate high quality programs, provide training and technical assistance in the preparation, implementation, and evaluation stages of Macomb 0-3 adoption/replication.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
3.1 Identify sites selected from states receiving primary and secondary emphasis on site stimulation. (continued)			
-On-going planning negotiations for component/model replication. (Level I sites).	10/83 - 9/84		Documentation in Project files.
.Sharing Center.		Head Start Operation for Pre-School Education, Galesburg, Illinois; Flathead Co. Rural Special Education Co-Op, Kalispell, Montana; Child Study Center, Oklahoma Teaching Hospitals, Oklahoma City, Oklahoma.	
.Model Adoption.		Associated Rehabilitation Services, Inc., St. Peters, Missouri	
3.2 Secure agreements from target sites for component/model adoption.			
		Adoption site administrators and direct service personnel.	Five component or model adoption agreements signed. Copies in Appendix E.
-Project KIDS, St. Joseph's Hospital & Medical Center, Dickinson, North Dakota - Sharing Center.	6/6/84		
-Omak School District # 198 Omak, Washington - Model Adoption.	8/1/84		

Figure 3: Activities accomplished for site stimulation objectives. (continued)

Objective: 3.0 Stimulate high quality programs, provide training and technical assistance in the preparation, implementation, and evaluation stages of Macomb 0-3 adoption/replication.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
3.2 Secure agreements from target sites for componenet/model adoption. (continued)			
-ZIPP, Zanesville Public Schools, Zaneville, Ohio - Low Incidence Program-Core Curriculum, Home Visits.	9/6/84		
-PACE, Athens City Schools, Athens, Ohio - Model Adoption.	9/84		
-Little River Co-Operative Tecumseh, Oklahoma - Sharing Center.	3/84	Agreement renewed and new staff trained.	
3.3 Develop training schedule for program sites.			
-Group training schedules.	10/83 - 9/84	Component and model adoptions site staff	Sample agenda in Appendix B. Documentation in Project files.
-On-site training sessions scheduled.			
-Follow-up visits scheduled.			
-Evaluation visits scheduled.			
3.4 Implement system of model component training through new training techniques.			
-Training modules.	10/83 - 9/84	Site personnel.	Draft form in Project files.
.Hearing Impairment.			Excerpt in Appendix D.

Figure 3: Activities accomplished for site stimulation objectives. (continued)

Objective: 3.0 Stimulate high quality programs, provide training and technical assistance in the preparation, implementation, and evaluation stages of Macomb 0-3 adoption/replication.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
3.4 Implement system of model component training through new training techniques. (continued)			
.Parent Involvement.			
.Program Evaluation.			
.Assessment.			
.Working with Medical Community.			
-Training videotapes of model components (in planning stages--target date, 1/85).	10/83 - 9/84	Site personnel.	Documentation in Project files.
-Revised/expanded written training materials (See new and revised training materials, Figure 2).	10/83 - 9/84	Site personnel.	Samples in Appendix D.
3.5 Train personnel from adoption/replication sites.			Evaluation summaries in Appendix C. Sample agenda in Appendix B.
-Core Curriculum training.	10/21/83	Staff, Holiday School, Pekin, Illinois.	
-Core Curriculum training.	2/29/84	0-3 Replication/Continuation Sites, field test sites.	
-WADE Training.	6/20/84	Staff - Holiday School, Pekin, Illinois, and UCP of Northwestern Illinois.	

Figure 3: Activities accomplished for site stimulation objectives. (continued)

Objective: 3.0 Stimulate high quality programs, provide training and technical assistance in the preparation, implementation, and evaluation stages of Macomb 0-3 adoption/replication.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
3.5 Train personnel from adoption/replication sites. (continued)			
-Model Training/Omak 0-3 Program Omak, Washington.	8/20-22/84	Direct service staff, administrators.	
-Sharing Center/WADE Training.	8/27-29/84	Replication/Continuation site staff.	
-Model Training/Athens City Pre-School Multi-Handicapped Program, Chauncy, Ohio.	9/4-7/84	Direct service personnel, administrators.	
-Home Visit/Core Curriculum training. ZIPP-Zanesville Public School - Low Incidence Program, Zanesville, Ohio.	9/6/84	Direct service personnel, administrators.	
3.6 Provide systematic follow-up services for adoption replication sites.			
-Telephone conferences.	10/83 - 9/84	Adoption site staff.	Documentation in Project files.
-Correspondence. .Requesting evaluation data. .Responding to requests for information and materials. .Providing general information to sites.	10/83 - 9/84	Adoption site staff.	Documentation in Project files.

Figure 3: Activities accomplished for site stimulation objectives. (continued)

Objective: 3.0 Stimulate high quality programs, provide training and technical assistance in the preparation, implementation, and evaluation stages of Macomb 0-3 adoption/replication.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
3.6 Provide systematic follow-up services for adoption replication sites.			
-Monthly site staff meetings.	10/83 - 9/84	Continuation site staff.	Sample minutes in Appendix B.
-Sharing Center News mailed.	11/83 - 4/84	Sharing Center Adoption site staff.	Sample copy in Appendix D.
-Site visits.	10/18/83	Administrator and direct service staff, 0-3 Program, ARC of Henry and Stark Counties, Kewanee, Illinois.	Documentation and evaluation in Project files.
	10/21/83	Direct service personnel at Holiday School, Pekin, Illinois.	Documentation and evaluation in Project files.
	12/7/83	Sharing Center participants/ staff at Project First Step, Breese, Illinois.	Documentation and evaluation in Project files.
	12/8/83	Sharing Center participants and staff at Project RIEF, Norris City, Illinois.	Documentation and evaluation in Project files.
	1/19/84	Administrators - Mason City Public Health Dept., Havana, Illinois.	Documentation and evaluation in Project files
	3/14/84	Sharing Center participants and staff at MCRC, Bushnell, Illinois.	Documentation and evaluation in Project files.

Figure 3: Activities accomplished for site stimulation objectives. (continued)

Objective: 3.0 Stimulate high quality programs, provide training and technical assistance in the preparation, implementation, and evaluation stages of Macomb 0-3 adoption/replication.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
3.6 Provide systematic follow-up services for adoption replication sites. (continued)			
	7/3/84	Mickie Fletcher, Mason County Public Health Department, Illinois.	Documentation and evaluation in Project files.
	9/19/84	Sharing Center participants and staff at Wee Care Day Care Center, Macomb, Illinois.	Documentation and evaluation in Project files.
-Sent Sharing Center evaluation to level IV sites.	9/84	Level IV Sharing Center sites.	Completed forms in Project files.
3.7 Provide training to staff members who will serve as trainers.			
-On-going negotiations to provide Sharing Center training.	10/83 - 9/84	Idaho Outreach Project staff.	Documentation in Project files.
-Training on Sharing Centers and WADE.	8/27 - 29/84	Donna Dercacz, Special Education Consultant.	Documentation in Project files.
3.8 Refine and disseminate basic assumptions regarding Outreach.			
-Reviewed "Basic Assumptions Determining Contact Procedures."	1/84	Outreach project staff.	Copy in Appendix D.
-Reviewed "Strategies for Marketing Outreach Services."	1/84	Outreach project staff	Copy in Appendix D.

Figure 3: Activities accomplished for site stimulation objectives. (continued)

Objective: 3.0 Stimulate high quality programs, provide training and technical assistance in the preparation, implementation, and evaluation stages of Macomb 0-3 adoption/replication.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
3.8 Refine and disseminate basic assumptions regarding Outreach. (continued)			
-Reviewed "Basic Outreach Assumptions and Procedures."	2/84		Copy in Appendix D.
3.9 Refine and disseminate model procedures for accomplishing selected Outreach activities.			
-Refined "Site Stimulation Procedures."	2/84	Outreach staff.	Copy in Appendix D.
-Refined Site Contract Form.	2/84	Outreach staff.	Copy in Appendix D.

Table 4

Macomb 0-3 Project Adoption Sites

Number of Staff and Number of Children Served

MODEL ADOPTION SITES

	Name and Address of Agency	Number of Full and Part Time Staff	Average Number of Children Served 1983-84
1.	Holiday School Pekin, Illinois	5 Full Time 2 Part Time	48
2.	Association for Retarded Citizens in Henry and Stark Counties Kewanee, Illinois	1 Full Time	19
3.	Mason County Health Department Havana, Illinois	1 Full Time	14
*4.	PACE--Athens City Schools Chauncy, Ohio	1 Full Time 1 Part Time	6
*5.	Omak Birth to Three Program Omak, Washington	1 Full Time	Child find in process

COMPONENT ADOPTION SITES

	Name and Address of Agency	Number of Full and Part Time Staff	Average Number of Children Served 1983-84
	Sharing Center		
6.	Wee Care Day Care Center Macomb, Illinois	2 Full Time 3 .75 Time	32
7.	Connections-UCP Madison, Wisconsin	4 Full Time 2 Half Time	45
8.	Community Counseling Center Quincy, Illinois	3 Full Time 7 Part Time	60-70
9.	Tots' Territory 0-3 Cairo, Illinois	2 Full Time	33
10.	Lake-McHenry Regional Program Gurnee, Illinois	12 Full Time	400

Table 4
(continued)

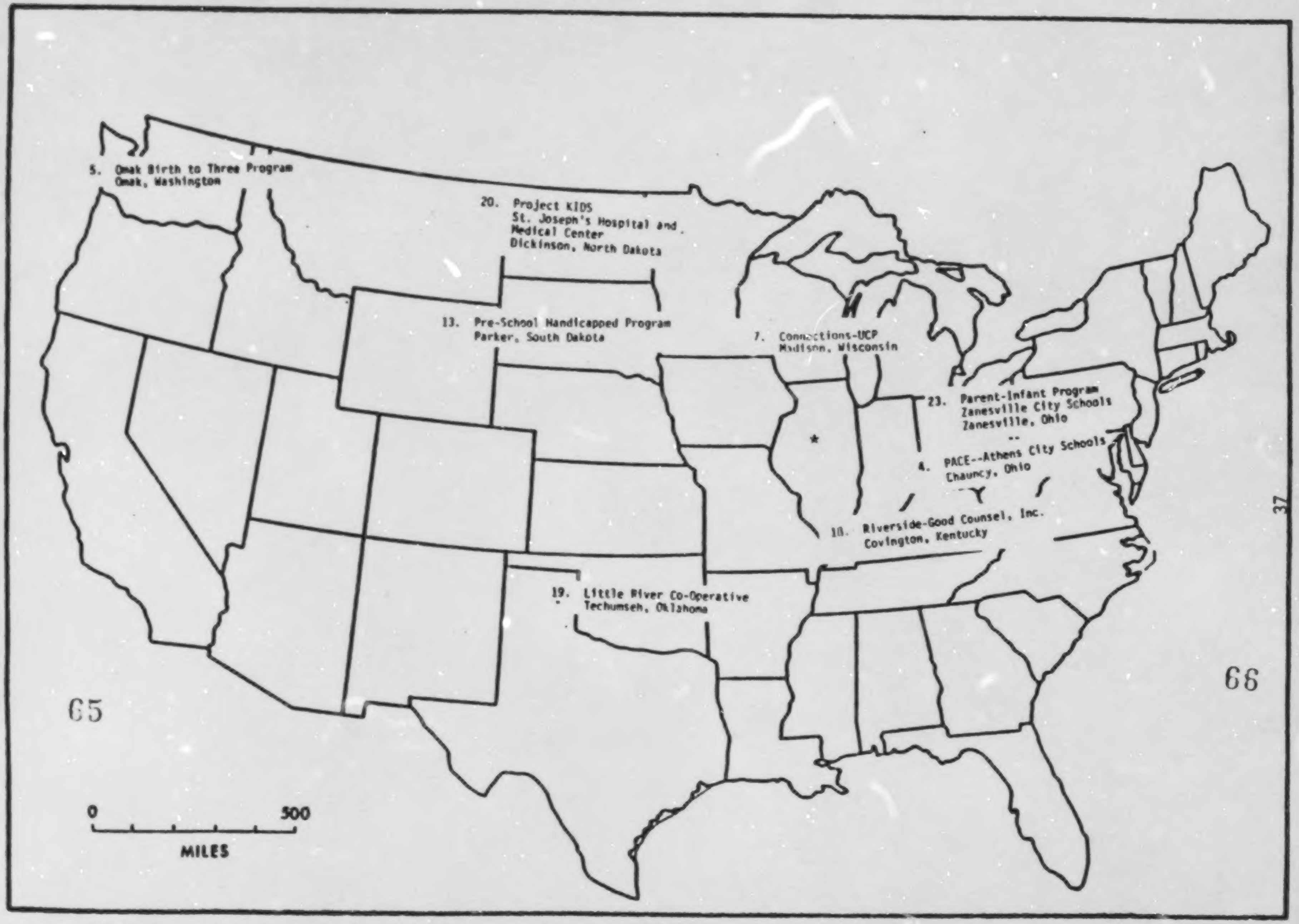
Name and Address of Agency	Number of Full and Part Time Staff	Average Number of Children Served 1983-84
Sharing Centers (continued)		
11. LaSalle County Easter Seals Ottawa, Illinois	4 Full Time	10
12. Iroquois Association for Retarded Citizens Watseka, Illinois	1 Full Time 1 Part Time	10
13. Pre-School Handicapped Program Parker, South Dakota	5 Full Time 5 Part Time 5 Aides	24
14. First Step Program Breese, Illinois	2 Full Time 3 Consultants	25
15. Rural Infant Education Program Norris City, Illinois	2 Full Time	25
16. Nanon Wood Center 0-3 Salem, Illinois	1 Full Time	25
17. Birth to Three Program Fayco Enterprises Vandelia, Illinois	2 Full Time	21
18. Riverside-Good Counsel, Inc. Covington, Kentucky	3 Full Time 5 Part Time	40
*19 Little River Co-Operative Techumseh, Oklahoma	1 Full Time	6
*20 Project KIDS St. Joseph's Hospital and Medical Center Dickinson, North Dakota	2 Full Time 1 Part Time	33
W.A.D.E.		
21. Bushnell-Prairie City Preschool Bushnell, Illinois	2 Full Time 1 Full Time Aide	24

Table 4
(continued)

Name and Address of Agency	Number of Full and Part Time Staff	Average Number of Children Served 1983-84
W.A.D.E. (continued)		
22. Colchester Pre-School Colchester, Illinois	1 Full Time 1 Aide	17
*Core Curriculum-Home Visit		
23. Parent-Infant Program Zanesville City Schools Zanesville, Ohio	4 Full Time	7
Adapted		
24. Vermilion Mental Health and Development Center Danville, Illinois	4 Full Time 3 Part Time	55
25. Nanon Wood Center 0-3 Effingham, Illinois	2 Full Time 3 Part Time 2 Aides	30

* New Sites - 1983-84

Figure 4. Macomb 0-3 Adoption Site Locations.


5. Omak Birth to Three Program
Omak, Washington
20. Project KIDS
St. Joseph's Hospital and
Medical Center
Dickinson, North Dakota
13. Pre-School Handicapped Program
Parker, South Dakota
7. Connections-UCP
Madison, Wisconsin
23. Parent-Infant Program
Zanesville City Schools
Zanesville, Ohio
4. PACE--Athens City Schools
Chauncy, Ohio
10. Riverside-Good Counsel, Inc.
Covington, Kentucky
19. Little River Co-Operative
Techumseh, Oklahoma
*
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MILES

* Illinois locations on map following

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Figure 4. Macomb 0-3 Adoption Site Locations. (continued)

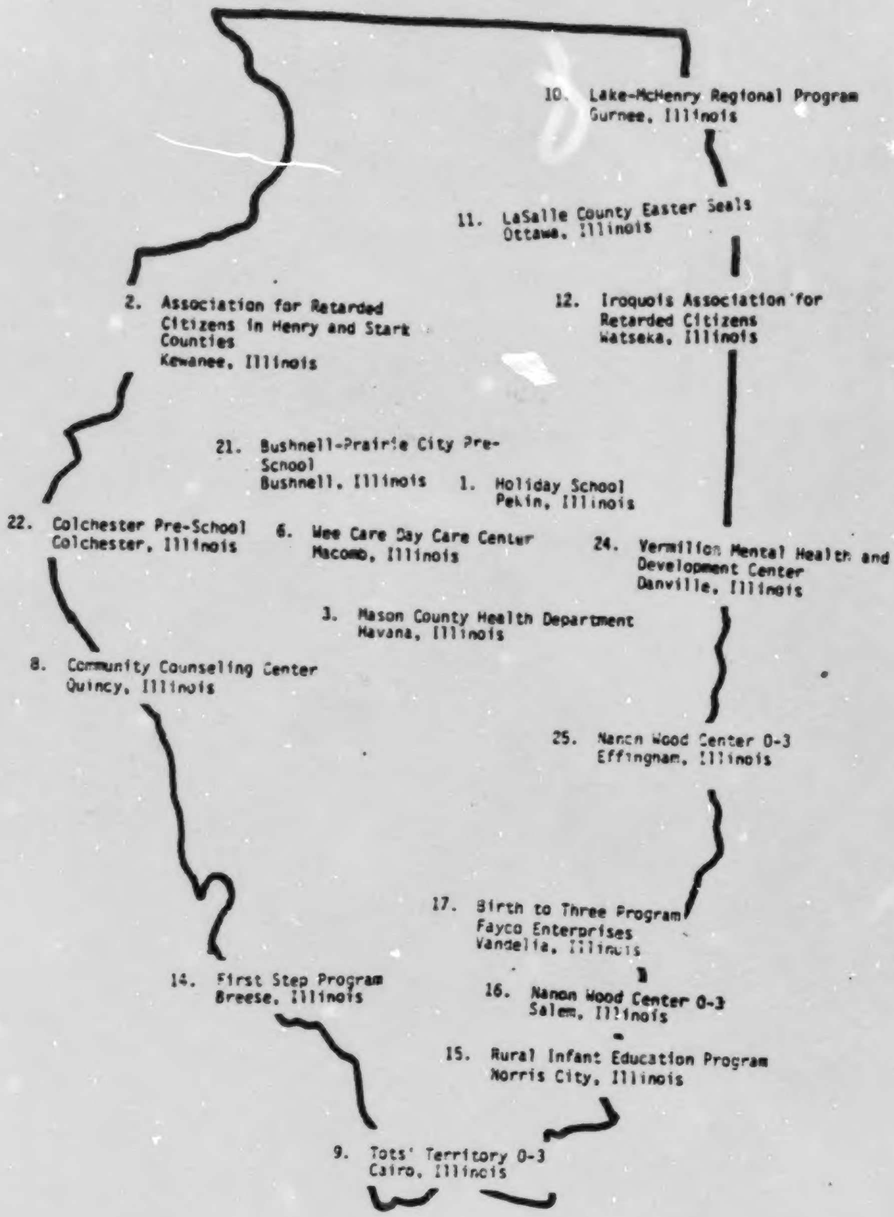
10. Lake-McHenry Regional Program Gurnee, Illinois
11. LaSalle County Easter Seals Ottawa, Illinois
12. Iroquois Association for Retarded Citizens Watseka, Illinois
2. Association for Retarded Citizens in Henry and Stark Counties Kewanee, Illinois
21. Bushnell-Prairie City Pre-School Bushnell, Illinois
1. Holiday School Pekin, Illinois
22. Colchester Pre-School Colchester, Illinois
6. Wee Care Day Care Center Macomb, Illinois
24. Vermilion Mental Health and Development Center Danville, Illinois
3. Mason County Health Department Havana, Illinois
8. Community Counseling Center Quincy, Illinois
25. Nanon Wood Center 0-3 Effingham, Illinois
17. Birth to Three Program Fayco Enterprises Vandalia, Illinois
14. First Step Program Breese, Illinois
16. Nanon Wood Center 0-3 Salem, Illinois
15. Rural Infant Education Program Norris City, Illinois
9. Tots' Territory 0-3 Cairo, Illinois

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Table 5

FIELD TEST SITES

AGENCY	LOCATION
Smouse School	DesMoines, Iowa
Project PEEP	Colby, Kansas
Child Study Center	Oklahoma City, OK
Family Life Education	Akron, Ohio
Merimore School	Lima, Ohio
Manassas City Preschool	Manassas, Virginia
Warren Achievement School	Monmouth, Illinois
Holiday Resource Center	Pekin, Illinois
Mason County Public Health 0-3	Havanna, Illinois
Kewanee ARC - 0-3	Kewanee, Illinois
Fulton County 0-3	Canton, Illinois
McDonough County 0-3	Macomb, Illinois

Table 6

Involvement Levels for Continuation/Adoption Sites

Site	Level of Involvement
CONTINUATION SITES	
1. McDonough County Rehabilitation Center Macomb, Illinois	IV
2. Canton Community Workshop Training Center Canton, Illinois	II
MODEL ADOPTION SITES	
*1. PACE--Athens City School Chauncy, Ohio	II
2. Holiday School Peking, Illinois	III
3. Association for Retarded Citizens in Henry and Stark Counties Kewanee, Illinois	III
*4. Omak Birth to Three Program Omak, Washington	II
5. Mason County Health Department Havana, Illinois	II
COMPONENT ADOPTION SITES	
Sharing Centers	
1. Community Counseling Center Quincy, Illinois	IV
2. Connection - UCP Madison, Wisconsin	IV

Table 6
(continued)

Site	Level of Involvement
Sharing Centers (continued)	
3. Wee Care Day Care Center Macomb, Illinois	III
4. Tots' Territory Cairo, Illinois	IV
5. Lake McHenry Regional Program Gurnee, Illinois	IV
6. Pre-School Handicapped Program Parker, South Dakota	III
*7. Little River Co-Operative Tecumseh, Oklahoma	III
8. First Step Program Breese, Illinois	III
9. LaSalle County Easter Seal Ottawa, Illinois	III
10. Iroquois Association for Retarded Citizens Watseka, Illinois	IV
11. Riverside-Good Council, Inc. Covington, Kentucky	III
12. Nanon Wood Center-Marion County Salem, Illinois	II
13. Birth to Three Program Fayco Enterprises Vandelia, Illinois	II
*14 Project KIDS-St. Joseph's Hospital and Medical Center Dickinson, North Dakota	II
15. Rural Infant Education Program Norris City, Illinois	IV
W.A.D.E.	
1. Bushnell-Prairie City Pre-School Bushnell, Illinois	IV

Table 6
(continued)

Site	Level of Involvement
W.A.D.E. (continued)	
2. Colchester Pre-School Colchester, Illinois	IV
Core Curriculum	
*1. Zanesville Public Schools - Low Incidence Program Zanesville, Ohio	II
ADAPTED SITES	
1. Vermilion Mental Health and Development Center Danville, Illinois	
2. Nanon Wood Center 0-3 Effingham, Illinois	

* New Sites - 1983-84

Questionnaire" completed by these individuals attests to the effectiveness of this procedure. A summary of these questionnaires can be found in Appencix C.

Contact is maintained on an informal basis with previously established adoption sites. Phone calls, inclusion on the newsletter mailing list, and special invitation to Project-sponsored events are all means of maintaining this contact. Sites using the Core Curriculum were invited to a workshop held in February, 1984. A workshop on WADE held in June and a Sharing Center workshop conducted in August, 1984 were open to component sites as well as prospective sites.

The Outreach staff has begun to use key-trainers who are able to provide training on the Macomb Project in their respective location. A private special education consultant in Texas was trained on WADE and Sharing Centers and scheduled training for sites in her area for tha fall of 1984. Negotiations with Idaho Outreach Project to provide Sharing Center training in the Western Tier states are ongoing. Training of the Idaho staff is scheduled for January, 1985. Several new Sharing Center sites may be established as the result of staff trained in Sharing Centers moving to new positions in other agencies, training fellow staff persons, and establishing centers.

Continuation Sites. The Macomb 0-3 Regional Project has had two continuation sites secured during the third model demonstration year in 1978. In McDonough County, the 0-3 Project is housed in the McDonough County Rehabilitation Center (MCRS), while in Fulton County, the Project is housed in the Fulton County Rehabilitation Center. Table 7 provides descriptions of the resources at these sites.

Continuation sites regularly are involved with the Outreach staff in the following activities: training and consultation in model utilization, techniques of working with handicapped children and their parents, and product development and dissemination, as well as other topics needed by the sites' staff members. Regularly scheduled site staff meetings are held in the Outreach office. Sample minutes from these meetings are contained in Appendix B. Data on child gain, parent and staff satisfaction, satisfaction with Outreach services, and CDS (Child Development Specialist) Competencies are maintained.

The MCRC is located in Macomb and serves residents of McDonough County in a 12 month program which currently serves 27 handicapped or developmentally delayed children. The full-time CDS at the MCRC is Cathy (Hommel) Cunningham who has been with the Project since the beginning of the model development phase. In 1975 she was a graduate assistant for one of the directors. In June, 1981 she received her M.S. degree in Education. Ms. Cunningham has received a broad range of unique training activities since starting her work and is indeed a highly qualified, skilled professional in working with both families and very young handicapped children. Her co-worker is Marilyn Peterson, who has an M.S. degree in Elementary Education and has worked with the program for the past three years. They are assisted by Mary Jane Frederich, a half-time aide, who holds a B.S. degree in psychology.

The Fulton County Rehabilitation Center is located in Canton and serves 23 handicapped or developmentally delayed children in their 12 month 0-3 program. In July, 1984 Cathy Coker, the CDS at that site, left her position.

Table 7. Macomb 0-3 Direct Service Continuation Site Resources, 10/1/83 - 9/30/84

Site	Amount of Funding	Source of Funding	Number of Children & Families Served	Number of Staff	Qualifications of Staff	Location of Physical Facility
McDonough County Rehabilitation Center Director: Jim Starnes	$45,000	Illinois Department of Mental Health Developmental Disabilities Title XX County Tax funds (708) Other fees and donations	Total served since beginning 1978-1982: 187 New Cases 10/83-9/84 18	2.25 FTE	M.S., Early Childhood Physical Therapist (R.P.T.) Consultant OT - Consultant M.S. Ed Foundation, Elementary Education B.S., Psychology	900 S. Deere Road Macomb, Illinois
Fulton County Rehabilitation Center Director: Judith Jones	$30,000	Illinois Department of Mental Health Developmental Disabilities Fulton County Board for the Handicapped	Total served since beginning 1978-1982: 135 New Cases in 10/83-9/84 31	2.50 FTE	B.S., Early Childhood B.S., Child and Family	500 N. Main Street Canton, Illinois

In August a new CDS, Cindy Scamardo, was hired to fill that position. Cindy *has a B.S. degree* in Early Childhood. An increase in the budget for 0-3 at that site permitted the hiring of Brenda Britt as a second full-time CDS in Fulton County. Brenda has a B.S. degree in Child and Family Life and began work in September, 1984. Training sessions for both of these new CDS's on the Macomb model were held in the fall of 1984. The two CDS's in Fulton County are assisted by a half-time aide, Jen Sender, who is employed by the Green Thumb organization.

Training Accomplishments

Training sessions conducted by the Outreach staff continue to be in response to local, regional, state and national requests for training. Workshops on a variety of topics have been conducted at conferences upon request by state level personnel, for university classes, at replication sites and at the Project sites. Workshop topics and materials are constantly being revised and refined to better meet the needs of the audience.

Personnel attending training sessions during 1983-84 included parent/infant educators, preschool handicapped teachers, day care and Headstart personnel, nurses, students, and other support professionals and paraprofessionals. Project sponsored workshops, conferences and in-services provided training in specific topics in the field of Early Childhood Handicapped Education.

During the summer, a workshop was conducted by the Macomb Project and Project RHISE of Rockford. In the 1983-84 proposal we had planned on offering a graduate, three semester credit course at Rockford. However, Northern Illinois University would not agree to Western conducting a course for college credit in Rockford even though the demand was there. The resulting noncredit workshop was conducted at Children's Development Center in Rockford and participants included Child Development Specialists and related personnel working in 0-3 programs in North Central Illinois. The agenda is found in Appendix B and evaluation data is included in summary form in Appendix C.

As in the past, one of the major training efforts undertaken by the Outreach staff was the monthly 0-3 Consortium Meetings for Region 1B Developmental Disabilities Programs in Illinois. Monthly training sessions were conducted in conjunction with the Peoria 0-3 Outreach Project for an average of 14 parent and infant educators from 20 programs. Training topics for each month were chosen in part by participants at the beginning of the year. Seven of these meetings were held in 1983-84. Summary evaluation data are in Appendix C.

Project staff also planned and co-sponsored the "Third Illinois Birth to Three Symposium" in Peoria, Illinois May 17-18, 1984 with Project RHISE and the Peoria 0-3 Project. The Project has also been active in Rural Network and INTERACT Conferences. Figure 5 contains comprehensive information on the various types of staff development/training conducted by the Outreach staff with documentation in the appropriate appendices.

The Outreach Trainer assisted Project ACTT (housed at WIU) staff in using the Macomb 0-3 Core Curriculum is their microcomputer curriculum for young

Figure 5: Activities accomplished for training objectives.

Objective: 4.0 Provide training to early childhood/special education personnel in topics related to working with young handicapped children and their families.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
4.1 Conduct workshops for selected personnel.			Sample agenda in Appendix B.
-Workshop on "The Use of Assessment Instruments" at RAP/Headstart Conference, Galesburg, Illinois.	10/7/83	Headstart administrators, teachers, aides.	Evaluation summary included in Appendix C.
-Workshop on "Hearing Impaired" presented at 0-3 Regional Consortium Macomb, Illinois.	10/26/83	Direct service personnel 0-3 Regional Consortium.	Documentation in Project files. Evaluation summary included in Appendix C.
-Session of the use of assessment instruments, ElEd 474G at Western Illinois University, Macomb, Illinois.	11/21/83	Block and early childhood students.	Documentation in Project files.
-Workshop on Macomb 0-3 Model at St. Charles, Missouri.	12/5-6/83	Administrators, direct service personnel, Associated Rehabilitation Services, St. Peters, Missouri.	Evaluation summary in Appendix C.
-Presentation to local parent group on "Hyperactivity."	1/12/84	Parents, teachers.	Documentation in Project files.
-Sponsored workshop on language development for 0-3 Regional Consortium, Macomb, Illinois.	1/25/84	Direct service personnel 0-3 Regional Consortium.	Documentation in Project files. Evaluation summary in Appendix C.
-Core Curriculum Training Workshop at project site.	2/29/84	0-3 Replication/Continuation sites. Core Curriculum field test sites. Project ACTT staff	Documentation in Project files. Evaluation summary in Appendix C.

Figure 5: Activities accomplished for training objectives. (continued)

Objective: 4.0 Provide training to early childhood/special education personnel in topics related to working with young handicapped children and their families.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
4.1 Conduct workshops for selected personnel. (continued)			
-Workshop on "Use of Assessment Instruments and Techniques at RAP/Headstart Conference, Springfield, Illinois.	3/2/84	Headstart administrators, coordinators, teachers, aides.	Documentation in Project files. Evaulation summary in Appendix C.
-Workshop of "Play" for RAP/Head-Conference in Galesburg, Illinois.	3/26/84	Headstart teachers, aides.	Documentation in Project files.
-Workshop on "Family Systems" presented at 0-3 Regional Consortium, Macomb, Illinois.	4/3/84	Direct service personnel 0-3 Regional Consortium.	Documentation in Project files. Evaluation summary in Appendix C.
-Workshop on Sharing Centers in Sioux Falls, South Dakota.	4/6/84	Teachers and administrators, Sioux Falls, South Dakota.	Documentation in Project files.
-Workshop on Core Curriculum and Sharing Centers presented at Sioux Falls, South Dakota.	4/6/84	Staff, Sioux Falls, South Dakota.	Documentation in Project files.
-Workshop on Assessing and Facilitating Cognitive Abilities in Infants and Toddlers at the Montana Symposium.	4/11/84	Administrators, direct service personnel, students.	Documentation in Project files. Evaluation summary in Appendix C.
-Workshop on Sharing Centers, Montana Symposium on Early Educataion and the Exceptional Child.	4/12/84	Administrators, direct service personnel, students	Documentation in Project files. Evaluation summary in Appendix C.

Figure 5: Activities accomplished for training objectives. (continued)

Objective: 4.0 Provide training to early childhood/special education personnel in topics related to working with young handicapped children and their families.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
4.1 Conduct workshops for selected personnel.		(continued)	
-Workshop on "Assessing Cognitive Abilities of Infants" presented at annual CEC Convention in Washington, D. C.	4/26/84	Administrators, direct service personnel, students.	Documentation in Project files. Evaluation summary in Appendix C.
-Workshop on "Transitioning to Public Schools" for University of Wisconsin Extension - by phone.	5/3 & 5/10/84	Home teachers, preschool teachers, parents.	Documentation in Project files. Brochure in Appendix B.
-Workshop on "Programming for Infants in Early Intervention Programs" presented at Rural Network Applachian Conference, Kingsport, Tennessee.	5/10/84	Administrators, direct service personnel.	Evaluation summary in Appendix C.
-Workshop on "Effective Homebased Programs for Infants" presented at Third Illinois Birth to Three Symposium in Peoria, Illinois.	5/17/84	Administrators, direct service personnel.	Documentation in Project files. Evaluation summary in Apprenix C. Brochure in Appendix B.
-Workshop on "Functional Curriculum Designed to Meet Child and Family Needs" presented at Third Illinois Birth to Three Symposium in Peoria, Illinois.	5/18/84	Administrators, direct service personnel.	Documentation in Project files. Evaluation summary in Appendix C. Brochure in Appendix B.
-WADE Training Session at project site.	6/20/84	0-3 Replication site, Holiday School, Pekin, Illinois. 0-3 Staff, UCP, Northwestern Illinois.	Documentation in Project files. Evaluation summary in Appendix C.

Figure 5: Activities accomplished for training objectives. (continued)

Objective: 4.0 Provide training to early childhood/special education personnel in topics related to working with young handicapped children and their families.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
4.1 Conduct workshops for selected personnel. (continued)			
-Sharing Center/WADE Training at project site.	8/27 - 29/84	Replication/Continuation site staff. 0-3 Consultant.	Documentation in Project files. Evaluation summary in Appendix C.
-Workshop on "Project ACTT" at 0-3 Regional Consortium at Macomb, Illinois.	9/11/84	Direct service personnel 0-3 Regional Consortium.	Documentation in Project files.
4.2 Refine and revise workshops developed on training staff to work sympathically/empathetically with families.			
-Training packet in process on working sympathetically/empathically with families.	11/84	Direct service personnel.	Documentation in Project files.
4.3 Co-sponsor a workshop, in conjunction with Project RHISE, for graduate credit from WIU in Rockford, Illinois.			
-Infant Programming co-sponsored course with Project RHISE, Rockford, Illinois.	8/6-10/84	Direct service personnel, graduate students.	Syllabus in Appendix B.

Figure 5: Activities accomplished for training objectives. (continued)

Objective: 4.0 Provide training to early childhood/special education personnel in topics related to working with young handicapped children and their families.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
4.4 Co-sponsor regional and national workshops.			
-Co-sponsored conference "Third Illinois Birth to Three Symposium along with Peoria 0-3 Outreach Project, Project RHISE Outreach, Illinois First Chance Consortium, and Illinois State Board of Education Peoria, Illinois.	5/17 - 18/84	Administrators, direct service personnel.	Documentation in project files. Evaluation summaries in Appendix C. Brochure in Appendix B.
-Co-sponsored 0-3 Developmental Disabilities Regional Consortium.	10/83 - 9/84	Direct service personnel in Developmental Disabilities Region 1 B.	Evaluation summary in Appendix C. Documentation and evaluation in Project files.
-Participated in Rural Network and INTERACT Conferences.	3/29/84 4/11/84 5/10/84	Administrators, direct service personnel.	Evaluation summaries in Appendix C.
-Contributed 0-3 training materials as part of Governor's Develmental Disabilities Grant to be used as training materials by the State of Illinois.	8/84	0-3 administrators, direct	Documentation in Project files.

handicapped children. Thr Core Curriculum is now an integral part of their work with youn handicapped children.

National, Regional, State and Local Involvement Accomplishments

The Project has been involved with national, regional, state and local activities in coordination with other agencies during the past year. A complete listing of all these activities may be found in Figure 6.

On the local level the Project has continued to work with the local school district special education cooperative and interagency council, providing consultation, assisting with projects and sharing information. Direct service staff at continuation sites maintain follow-up information on the placement of children leaving their program into locally sponsored programs. The Project continued to work with the West Central Illinois Special Education Cooperative (WCISEC) in supervising their program evaluation. A special project this year was the Very Special Arts Festival sponsored in part by the National Committee on Arts for the Handicapped and the Illinois State Board of Education. Two of the Project staff served on the Executive Committee and were instrumental in organizing the festival which was open to handicapped persons from birth through adult from an 11 county West Central Illinois area. The brochure is found in Appendix B.

Regional activities included participation in the North Central Illinois Regional Perinatal Consortium and the Regional Developmental Follow-up Project through St. Francis Hospital Neonatal Intensive Care Unit. The Project continued to co-sponsor the 0-3 Regional Consortium for service providers in Developmental Disabilities Region 1B. Monthly inservices were held throughout the year. Extensive involvement with Headstart has included being involved in local assessment teams and providing workshops at RAP Conferences. Evaluation summaries are found in Appendix C.

Activities with state level agencies have been numerous. Staff members have actively participated in the Illinois First Chance Consortium. The Project Director was again co-chairperson and the Project Coordinator was again secretary. As leaders in the Illinois First Chance Consortium, staff have worked closely with State Board on analysis of the effects of the proposed birth mandates.

The Project personnel continue to maintain a close working relationship with Ms. Lynn Moore, Early Education Specialist with the Illinois State Board of Education. Informal consultation with Ms. Moore on such topics as the 0-3 mandate in Illinois and certification requirements for 0-3 personnel have taken place throughout the year. The Project Director was invited and participated in a SIG planning meeting with the State Board and leaders in Illinois in the Spring of 1984.

A major effort by the Project Director this year has been to conduct a study of the State of the Art of Birth to Three Programs in Illinois. This separate, but closely related, project was funded by a one year grant from the Illinois Governor's Planning Council on Developmental Disabilities from October, 1983 to September, 1984. The final report of this project is in process and targeted for January, 1985. As a result of this grant the Outreach: Macomb

Interagency Cooperation

Figure 6: Activities accomplished for local, state, regional and federal interagency cooperation.

Objective: 5.0 Cooperate and participate with other agencies in local, state, regional and federal activities related to services for young handicapped children.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
5.1 Plan and participate in co-operative local agency activities.			
-Prepared developmental checklist (Birth to Three) for Project PEP, McDonough County Schools.	83/84 school year	Parents 0-5 children in McDonough County.	Documentation in Project file. Checklist in Appendix D.
-Participated in monthly McDonough County Interagency Council meetings; hosted one meeting.	10/83 - 9/84	Staff from local service	Sample minutes in Appendix B.
-Presented information to local mothers' study group on hyperactivity.	1/12/84	Mothers of young children.	Documentation in Project files. Evaluation summary in Appendix C.
-Consulted with Wanda Black, pre-school consultant with West Central Illinois Special Education Cooperative on program evaluation.	3/22/84	WCISEC parents and teachers.	Documentation in Project files.
-Presented a project awareness program for Spoon River College child development class, Macomb, Illinois.	6/27/84	Child development students.	Evaluation summary in Appendix C.
-Served on Executive Committee for the Very Special Arts Festival sponsored by the National Committee/Arts for the Handicapped and the Illinois State Board of Education in Macomb, Illinois.	7/84 - 10/84	Special education students, teachers, parents, birth to adult.	Documentation in Project files.

Figure 6: Activities accomplished for local, state, regional and federal interagency cooperation. (continued)

Objective: 5.0 Cooperate and participate with other agencies in local, state, regional and federal activities related to services for young handicapped children.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
5.2 Plan and participate in cooperative regional activities.			
-Conducted workshop on "Use of Assessment Instruments and Techniques at RAP/Headstart Mainstreaming Conference, Springfield, Illinois.	3/2/84	Headstart teachers, directors, aides.	Evaluation in Project files. Evaluation summary in Appendix C.
-Participated in North Central Illinois Regional Perinatal Consortium.	3/83 - 2/84	0-3 service providers, regional physicians and nurses.	Documentation in Project files.
.Hosted meeting.	11/5/83		
-Participated in Regional Developmental Follow-up Project.	8/83 - 2/84	0-3 service providers, regional physicians and nurses.	Documentation in Project files.
-Conducted child development training sessions as part of a local assessment team for Headstart.	83/84	Headstart teachers.	Documentation in Project files.
-Co-sponsored 0-3 Regional Consortium meetings; presented information in co-operation with Peoria 0-3.	10/26/83 11/30/83 1/25/84 2/24/84 4/3/84 6/12/84 9/11/84	Direct service personnel in Developmental Disabilities Region IB.	Documentation and evaluation in Project files. Evaluation summary in Appendix C.
-Co-sponsored infant programing class with Project RHISE, Rockford through WIU at Rockford, Illinois.	8/6-10/84	Direct service personnel, graduate students.	Syllabus in Appendix B.

Figure 6: Activities accomplished for local, state, regional and federal interagency cooperation. (continued)

Objective: 5.0 Cooperate and participate with other agencies in local, state, regional and federal activities related to services for young handicapped children.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
5.3 Plan and participate in cooperative state activities.			
-Awarded grant by Governor's Planning Council on Developmental Disabilities to conduct study on State of the Art of Birth to Three Programs in Illinois.	10/83 - 9/84	State policy makers/administrators, 0-3 program administrators.	Documentation in Project files.
.Hosted Advisory Council meeting.	8/7/84		
.Final report in process. Target date, 1/85.			
.Contributed 0-3 training materials to be used as training materials for the State of Illinois.			
-Participated in a meeting of the Higher Education Advisory Committee and presented information on 0-3 services currently available in Illinois and reviewed CDS competencies at Concordia College, River Forest, Illinois.	3/9/84	Higher Education Advisory Committee Members.	Documentation in Project files. Agenda in Appendix B.
-Participated in HEAC meeting, served on panel to discuss standards for 0-3 workers.	5/18/84	Higher Education Advisory Committee Members.	Documentation in Project files.

Figure 6: Activities accomplished for local, state, regional and federal interagency cooperation. (continued)

Objective: 5.0 Cooperate and participate with other agencies in local, state, regional and federal activities related to services for young handicapped children.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
5.3 Plan and participate in cooperative state activities. (continued)			
-Participated in the First Chance Consortium Activities.			
.Served as co-chair person, First Chance Consortium.	10/83 - 12/84		
.Served as Secretary.	10/83 - 12/84		
.Meetings.	12/13/84 2/29/84 3/31/84 5/16/84 5/29/84		
.0-3 Fact sheet.	2/84 -	Decision-makers, 0-3 administrators and service providers.	Draft form in Project files.
-Developed and disseminated Spring newsletter.	Spring 1984	Illinois Division of Early Childhood (CEC) members.	Copy in Project file office.
-Disseminated Illinois First Chance Directory.	10/83 -	State level personnel.	Requests in Project files.
-Planned and co-sponsored infant symposium.	3/83	State 0-3 servive providers administrators and parents.	Brochure in Appendix B. Documentation in files.
5.4 Plan and participate in cooperative national activities.			
-Participated in HCEEP/DEC Washington, D. C.	12/12 - 15/84	Administrators, direct service personnel.	Documentation in Project files.

Figure 6: Activities accomplished for local, state, regional and federal interagency cooperation. (continued)

Objective: 5.0 Cooperate and participate with other agencies in local, state, regional and federal activities related to services for young handicapped children.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
5.4 Plan and participate in cooperative national activities. (continued)			
-Participated in INTERACT activities.		Early intervention personnel.	
.Planning Committee for INTERACT Conference.	3/30/84	Administrators, direct service personnel.	Documentation in Project files.
.Presentation at INTERACT Conference.	3/29 - 31/84	Administrators, direct service personnel.	Agenda in Appendix B.
-Participated in HCEEP Rural Network activities.		Rural 0-3 personnel.	Sample agenda in Appendix B.
.Served as Rural Network Board Member.	83/84	Rural First Chance Project personnel.	Documentation in Project files.
.Presentation at Montana Symposium.	4/11/84	Administrators, direct service personnel.	
.Presentation at Rural Network Appalachian Workshop of "Programming for Infants in Early Intervention Programs" in Kingsport, Tennessee.	5/10/84	Administrators, direct service personnel.	Evaluation in Project files. Evaluation summary in Appendix C.
.Development and distribution of rural monographs.	10/83 - 9/84	Administrators, direct service personnel.	Documentation in Project files.
.Meetings	12/83	Rural First Chance Project	

Figure 6: Activities accomplished for local, state, regional and federal interagency cooperation. (continued)

Objective: 5.0 Cooperate and participate with other agencies in local, state, regional and federal activities related to services for young handicapped children.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
5.4 Plan and participate in cooperative national activities. (continued)			
-Presented workshop at CEC Annual Conference, Washington, D.C.	4/26/84	Administrators, direct service personnel, students.	Evaluation in Project files. Evaluation summary in Appendix C.
-Participated in SEA Consortium 0-3 Quality Practices Planning Group Meeting.	8/1/84	State education administrators.	Documentation in Project files.
-Provided workshops for Resource Access Projects (RAP).		Headstart administrators, teachers, aides.	Evaluation summary in Appendix C.
.Workshop on assessment, Galesburg, Illinois.	10/7/83		
.Workshop on assessment, Springfield, Illinois.	3/2/84		
5.5 Serve on committees and boards as invited and as such services meet Project's assumptions and goals.			
-Served on Planning Committee for INTERACT conference.	3/30/84	Administrators, direct service personnel.	Documentation in Project files.
-Served on Executive Committee for the Very Special Arts Festival.	7/84 - 9/84	Special education students, students, teachers, parents.	Documentation in Project files. Brochure in Appendix B.

0-3 Project training materials on Sharing Centers will be used as training materials by the State of Illinois. Data from this study has been provided to the Illinois Maternal/Child Health Organization.

Cooperation between the Outreach: Macomb 0-3 Project, Project RHISE, Peoria 0-3 Outreach Project, the Illinois First Chance Consortium and the Illinois State Board of Education again resulted in the Illinois Birth to Three Symposium held in Peoria May 17-18, 1984. Other coordinated activities with state agencies including the Higher Education Advisory Committee and Illinois DEC Chapter are detailed in Figure 6.

The Outreach Project has also been active in cooperating in activities with other agencies on a national level. Extensive involvement with INTERACT, the HCEEP Rural Network and the Resource Access Projects has resulted in serving on national boards, planning and participating in conferences and training workshops across the country, developing and distributing rural monographs, and planning national conferences. The Project Director is working closely with the SEA Consortium in their planning for state planning grants. A detailing list of these activities is included in Figure 6.

The Project Director has also served as a field reviewer for Early Intervention Research Institute during its first two years of work. She attended a meeting of EIRI during the HCEEP/DEC meeting in December, 1983.

Consultant Services Accomplishments

Consultant services requested from and provided by the staff of the Outreach Project ranged from consultation about individual children to information about interagency cooperation, funding, proposal writing, program evaluation and community awareness. Responses to many of the requests for information detailed in Figure 1 and Table 2 could be considered consultative activities. Consultation is provided informally on a continuing basis to continuation and replication site personnel and state agency personnel.

This year the Project Director was requested to be a Comprehensive Program Reviewer for TADS. As such she conducted program reviews for three HCEEP Demonstration Projects in Illinois and Indiana: Project IN-DEEP, Bloomington, Indiana; Project LETS, Chicago, Illinois; and The Chicago Intervention Project, Chicago, Illinois. Also, as a consultatnt for TADS, the Director works with the Washington County Children's Program, Machias, Maine on program evaluation.

Other comprehensive consultations on a variety of topics including staff accountability, funding sources and program evaluation were provided to personnel from agencies and state departments. A detailed listing of these and other consultant services is included in Figure 7. The Montana State Department requested the Project Director provide consultation on developing a Staff Activities Accountability Program (SAAP) for use in Montana. Further information on the Macomb SAAP is found in Appendix D. Consultation on program evaluation was also provided to the Progress Resource Center, Decatur, Illinois. Consultation was done with staff from the Associated Rehabilitative Services in St. Charles, Missouri on obtaining funding and on community awareness. Agendas are in Appendix B and evaluation summary data are in Appendix C.

Consultant Services Objectives

Figure 7: Activities accomplished for consultative services objective.

Objective: 6.0 Provide consultative and other services to early childhood/special education programs.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION
6.1 Provide consultative and other services related to programs for young handicapped children.			
-Provided consultation on Program Evaluation to Washington County Children's Program, Machias, Maine.	8/14 - 17/84	Staff of Washington County Children's Program.	Documentation in Project files.
-Presented information for new demonstration project directors at TADS conferences--HCEEP Orientation Workshop, Washington, D. C.	11/7 - 10/83	New demonstration projects.	Documentation in Project files.
-Attended training workshop sponsored by TADS for Comprehensive Program Reviewers.	11/30 - 12/2/83	CPR consultants.	Documentation in Project files.
-Provided consultation to HCEEP Projects as Comprehensive Program Reviewer.			Documentation in Project files.
.Herbert Reth, Project IN-DEEP, Bloomington, Indiana.	3/22 - 23/84	IN-DEEP Project staff.	Documentation in Project files.
.Arnold Sameroff, The Chicago Intervention Project, Chicago, Illinois.	3/26 - 27/84	The Chicago Intervention Project staff.	Documentation in Project files.
.Diane Pien, Project LETS, Chicago, Illinois.	4/5-6/84	Project LETS staff.	
-Provided ongoing consultation to person who requested it by letter, phone or personal contact.	10/83 - 9/84	Administrators, direct service personnel, students, parents, legislators, state level personnel.	Documentation in Project files.

Consultative Services Objective

Figure 7: Activities accomplished for consultative services objective. (continued)

Objective: 6.0 Provide consultative and other services to early childhood/special education programs.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION
6.2 Provide consultative and other services related to the Macomb 0-3 Model.			
-Provided consultation and awareness session to Progress Resource Center, Decatur, Illinois.	3/12/84	Progress Resource Center staff.	Evaluation in Project files. Evaluation summary in Appendix C. Agenda in Appendix B.
-Provided consultation of SAAP to State Implementation Grant Personnel, Missoula, Montana.	4/9 - 10/84	State level personnel.	Evaluation in Project files.
-Provided consultation on funding and beginning 0-3 program, Associated Rehabilitative Services, Inc., St. Charles, Missouri.	12/5 - 6/84	Associated Rehabilitative Services, Inc., staff.	Agenda in Appendix B.

Evaluation Accomplishments

Again this past year major emphasis was placed on the evaluation of Outreach activities. Evaluation procedures outlined in Figure 21 of the Outreach Proposal dated February, 1984 have been adhered to closely. Time and budget constraints have necessitated follow-up evaluation of adoption sites be conducted by phone or mail. New forms were developed and existing evaluation materials were revised as indicated by need. A detailed list of evaluation activities is contained in Figure 8 with sample copies of evaluation forms in the appropriate appendices.

Child gain scores on the Alpern-Boll and the REEL and parent satisfaction data are maintained at the continuation sites and model adoption sites on a schedule similar to that used during the model demonstration period. Child gain scores from the continuation sites are currently being analyzed by Dr. John Irwin of Lexington, Kentucky. A proposal for renewal of JDRP-approval will be submitted. A sample of the child gain analysis from a previous year is contained in the Outreach Application, February, 1984. A sample summary of the parent satisfaction data can be found in Appendix C.

An important addition to evaluation procedures this year was the development of the Model Fidelity Profile. The profile is used to 1) provide specific information about each of the Macomb Model Components to administrators and educators at agencies interested in adopting the model or model components, 2) provide a framework to asses the current status of an already existing program that is adopting Macomb Model Components in order to pinpoint areas where training and technical assistance are needed for replication purposes, and 3) assess a site's progress toward adoption/replication over time through program review and evaluation. It is currently being used in evaluation/follow-up for replication sites. The Model Fidelity form is found in Appendix D.

Another major revision was in the CDS Competencies. These competencies were revised and expanded to include competencies rated by 0-3 direct service personnel as being the most important. A copy of these competencies is included in Appendix D.

Project Administration

Outreach Staff

The following staff positions were filled for the sixth year of Outreach:

Project Director - Patricia Hutinger, Ed.D.
Project Coordinator - Bonnie Smith-Dickson, M.A.
Training Coordinator - Sue Marshall, B.S.
Evaluator/Trainer - Mary Strode, M.S.
Secretary - Lori Boyer

Brief job descriptions may be found in the Outreach Proposal dated February, 1984. Vitae for staff are found in Appendix F.

Figure 8: Evaluation and Monitoring Procedures for All Outreach Activities.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
Implement all evaluation procedures for Outreach activities.			
-Implemented evaluation procedures for all Outreach activities (as outlined in Figure 21--Outreach Proposal, February, 1984).	10/83 - 9/84	Administrators and direct service personnel attending presentations and workshops; replication and continuation site staff, purchasers of products.	Documentation in Project files. Samples in Appendix D. Summaries in Appendix C.
Revise evaluation materials used in Outreach activities.			
-Core curriculum evaluation.	9/84	Persons using Core Curriculum.	Form in Appendix C.
-Site satisfaction with Outreach form.	9/84	Continuation/replication site staff.	Form in Appendix C.
-Child Development Specialist Competencies.	9/84	Site staff, Outreach staff.	Competencies in Appendix D.
-Staff Activities Accountability Program (SAAP).	3/84	Site staff, Outreach staff.	Program and sample printout in Appendix C.
Develop new materials to be used to evaluate Outreach activities.			
-Model fidelity	9/84	Site/Outreach staff.	Profile in Appendix D.
-Follow-up evaluation: WADE	8/84	Site staff/parents.	Form in Appendix D.

Figure 8: Evaluation and Monitoring Procedures for All Outreach Activities.

ACTIVITY	DATE	TARGET AUDIENCE	DOCUMENTATION/EVALUATION RESULTS
Revise evaluation procedures used in Outreach activities.			
-Development of model fidelity checklist to evaluate adoption sites fidelity to model.	9/84	Site staff, Outreach staff.	Profile in Appendix D.
-Program evaluation packet.	To be completed 11/84	Site staff.	Documentation in Project files

All Project staff have had previous experience working with the Outreach: Macomb 0-3 Regional Project. The Evaluator/Trainer who joined the staff in January, 1984 had previously worked with the Project from 1978 to 1981. All staff members have had the opportunity to engage in staff development and training activities in the form of seminars, workshops and conferences. In addition to the conferences listed in Figure 9, staff members have had numerous opportunities to attend other sessions at conferences and workshops at which they were presenting.

Advisory Council

The Advisory Council is made up of eight members whose function is advisory in nature rather than policy-making. Members are advocates for the Project and serve on task forces as needed. Membership currently includes Patricia Hutinger, Project Director; Michael Lewis, Administrator of Warren Achievement School, Monmouth, Illinois; Winona Malpass, interested community member possessing an advanced degree, nurse's training and prior experience in special education; James Starnes, Director of the McDonough County Rehabilitation Center, Macomb, Illinois (also a continuation site); William Hayden, Pediatrician at St. Francis Neonatal High Risk Nursery, Peoria, Illinois; Donald Troyer, Chairperson of the Department of Elementary Education, Western Illinois University; Kathy Grove, parent; and Ronald Hage, Director of the West Central Illinois Special Education Cooperative. Besides regular meetings, informal contacts with individual advisory council members are made frequently throughout the year.

Changes in Project Plans

A letter outlining changes in personnel for the 1983-84 year was forwarded to Linda Herrick August 9, 1984. Approval was received August 27, 1984. Permission for a no-cost time extension to use remaining funds for product development was sent to Linda Kinney August 8, 1984. The request was approved August 27, 1984.

Summary

Numerous requests for awareness, staff development, training and dissemination activities continued to be answered by Project staff. Project activities continue to focus on services for handicapped infants from 0-3 years and their families in a rural setting with the Macomb Model being maintained in light of new trends in the field. Development of CORE, the microcomputer program for use with the Macomb 0-3 Core Curriculum, is one example of the efforts made by the Project to meet the demands of the constantly changing field of early childhood intervention. The quality time commitment to adoption sites and the extensive work in training of others demonstrates the continued need for the Project's services in the area of staff development and site stimulation and training. Cooperative efforts to provide services for young handicapped children at the national, regional, state and local level have continued through the involvement of the Project staff with the HCEEP Rural

Figure 9. Professional growth and staff development.

DATE	CONSULTATION/WORKSHOP	LOCATION	STAFF ATTENDING
11/13-15/83	Workshop with David Shearer on marketing.	WIU campus	4
11/16/83	Consultation on High Risk Follow-up.	St. Francis Hospital, Peoria, Illinois	2
6/26/84	Advertising seminar with Ted Price, Media Marketing Consultant.	WIU campus	1
6/28-29/84	Consultation with Dale Gentry on program evaluation.	WIU capmus	4
8/30-31/84	Consultation with Tom Scheid on marketing strategies.	WIU campus	4

DATE	CONFERENCES ATTENDED AS PRESENTERS	LOCATION	STAFF ATTENDING
12/12-15/83	HCEEP Conference	Washington, D. C.	3
3/30/84	INTERACT Conference	Kansas City, Missouri	2
4/11/84	Montana Symposium	Billings, Montana	1
4/11/84	CEC National Convention	Washington, D. C.	2
5/17-18/84	Third Illinois Birth to Three Symposium	Peoria, Illinois	4

Network, INTERACT, the Illinois First Chance Consortium and the 0-3 Regional Consortium. Involvement with state policy makers through HEAC, the SEA Consortium, the State Board's mandate study, and the State of the Art 0-3 Study in Illinois has greatly increased.

Evaluation of Outreach services indicates overwhelming satisfaction with the staff's expertise and provision of awareness presentations, workshops, training, consultation and product dissemination. Project staff continues to make progress in providing services to programs for young handicapped children and their families in the most cost effective and efficient manner.

Appendix A: Product Development: Sample New Dissemination Materials

Macomb 0-3 Project Brochures

Training and Product Flyers

Newsletter

BEST COPY AVAILABLE

The MACOMB 0-3 PROJECT

successfully serves special infants, toddlers, and their families across the nation.

THE M[illegible]ROJECT . . .

- **works [illegible]**
- **works [illegible]**
- **works f[illegible]**
- **will work [illegible]**

THE MACOMB 0-3 PROJECT . . .

- **was carefully developed and implemented in a rural area of Illinois.**
- **has a history of success in rural areas across the country.**

WHAT WE'RE ALL ABOUT

The Macomb 0-3 Service Delivery Model

In 1975 the Macomb 0-3 Project received federal funding from the Handicapped Children's Early Education Program for a three year model project that would provide home-based services to handicapped young children and their families in rural West Central Illinois. The model project was housed in the College of Education at Western Illinois University.

The Outreach: Macomb 0-3 Project

Since 1978, the Outreach: Macomb 0-3 Project has trained others to adopt the Macomb 0-3 Model for serving children and their families. It has also provided consultation and other outreach services to 0-3 personnel. Continuation sites at the McDonough County Rehabilitation Center in Macomb and the Fulton County Rehabilitation Center, Inc. in Canton have taken over the services provided by the Macomb Project in its model development phase. In eight years we have served 383 children and their families in McDonough and Fulton Counties.

What Our Families say About us...

"I am learning how to work with my child and make it fun."

"If the program wasn't around, I'm afraid my daughter wouldn't know how to do the things that the 0-3 program has helped me to teach her, that I didn't know how to teach or even that she had to learn."

"Only the parents of a handicapped child could understand the phenomenal support of the program."

"Without the knowledge and skills we have been taught, I would hate to think where our child would be at this point."

"After dealing with numerous professionals, doctors, agencies, and services, it is a tremendous aid to have a program we call 'home'."

MACOMB 0-3 MODEL

It Works!

BEST COPY AVAILABLE

In rural areas where:
- Distances are great.
- Resources may be scarce.
- A wide range of handicapping conditions exist, but incidences vary.
- People like to solve their own problems.

It Works For Us
- JDRP-approval
- Expanded local funding

It Works For Others
- In a five year period, adoption sites h[illegible] children and their families.

It Will Work For You!

It Works [illegible]ur House Or You[illegible]

Our outreach trainer will [illegible] our site if you choose, or your staff ma[illegible] site for training.

Either way the only [illegible] and per diem for our trainer or y[illegible] at no charge when a site adopts [illegible]

You Are Eligib[illegible] Mode[illegible]
- You are loca[illegible] in a ge[illegible] including towns and sm[illegible]ities.
- Your sponsor[illegible] agenc[illegible] plementation of home-[illegible]
- Your staff will [illegible] time[illegible] follow-up activi[illegible]
- Your staff is com[illegible] to [illegible] dures and philosop[illegible]
- Your staff will provi[illegible] the number of childre[illegible] data collected using agr[illegible] staff, and funding sources.
- Your sponsoring agency will sign an ado[illegible] which documents commitment to the Macomb 0-3 Mo[illegible]

What's In It For You!

- A tested, proven model you can adapt to your community
- A resource for your staff
- Ongoing interaction with Macomb 0-3 staff
- Updates on information related to early intervention
- Consultation
- Follow-up evaluation of your program progress
- Opportunity for involvement in workshops and conferences

What Can Outreach Do For You?

The Outreach: Macomb 0-3 Project staff understand the challenges of providing services to young handicapped children and their families and can assist you in establishing a 0-3 program or in adding new approaches to your service delivery system.

Awareness

Our presentation on the Macomb 0-3 Model or specific components of the model famililarizes you with the benefits that can be gained by its use and our involvement with your staff.

Model Adoption

When you choose to adopt the JDRP-approved Macomb 0-3 (home visits, sharing centers, core curriculum, program evaluation, and transition), you receive training and assistance in implementing all components of the project in addition to follow-up services and on-going involvement with project staff.

Replication

As a model adoption site, you collect data on child progress. If your program can demonstrate child progress similar to that documented by the Macomb 0-3 Project for JDRP review, then you become a replication site.

Component Adoption

The Macomb 0-3 Model includes home visits, sharing centers, WADE, core curriculum, program evaluation, and transition components. When you choose to adopt one or more components of the model, you increase your available resources for providing services to children and their families.

Products

You may purchase our Baby Buggy books and papers and the Macomb 0-3 Core Curriculum. Project slide/tapes may be rented. A catalog will be sent to you at your request.

Program Consultation

We will work with you on an individual basis to address a specific need related to various areas of concern in program management, development, and evaluation.

Staff Development

We can expand your expertise in specific areas and enable you and your staff to gain new knowledge and competencies in areas which you select. We will provide training sessions which will better prepare you to address the needs of children and their families.

If you would like more information on the Macomb 0-3 Model or model component adoption, or on the other Outreach services we offer, complete the enclosed form.

BEST COPY AVAILABLE

REQUEST FOR INFORMATION

Name/Position: ____________________

Agency/School: ____________________

Address: ____________________

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Phone: ____________________

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Tell us about you

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Return To: M
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CO N
WESTE NIVERSITY
MACOMB, ILLINOIS 61455

JDRP-Approved

The Macomb 0-3 Model is the only **rural** infant model validated by the Joint Dissemination Review Panel (JDRP) at the present time. This means that statistics indicate that the model makes a significant difference in the lives of handicapped children and their families.

Outreach: Macomb 0-3 Project Staff Offer You The Opportunity To Adopt The Macomb Model or Model Components

Training sessions are structured [illegible] features the Macomb 0-3 Project staff and specifically desi[illegible]ng manual, Baby Buggy books and papers, slide/tape[illegible]del or components are adopted by a site, staff time is pr[illegible]

Macomb 0-3 Mo[illegible]

- Home Visits

  Based on experience [illegible] staff discuss the dos and don'ts for planning, c[illegible] Child Development Specialists are trained to [illegible]ll promote child growth and development an[illegible] with their child.

- Core Curriculum

  Training explores dev[illegible] integral part of home [illegible] tain goals in the major [illegible] tion, and self-care.

- Sharing Centers

  A popular and [illegible] learning activi[illegible] school concept a[illegible]

- WADE (Water Activities [illegible]

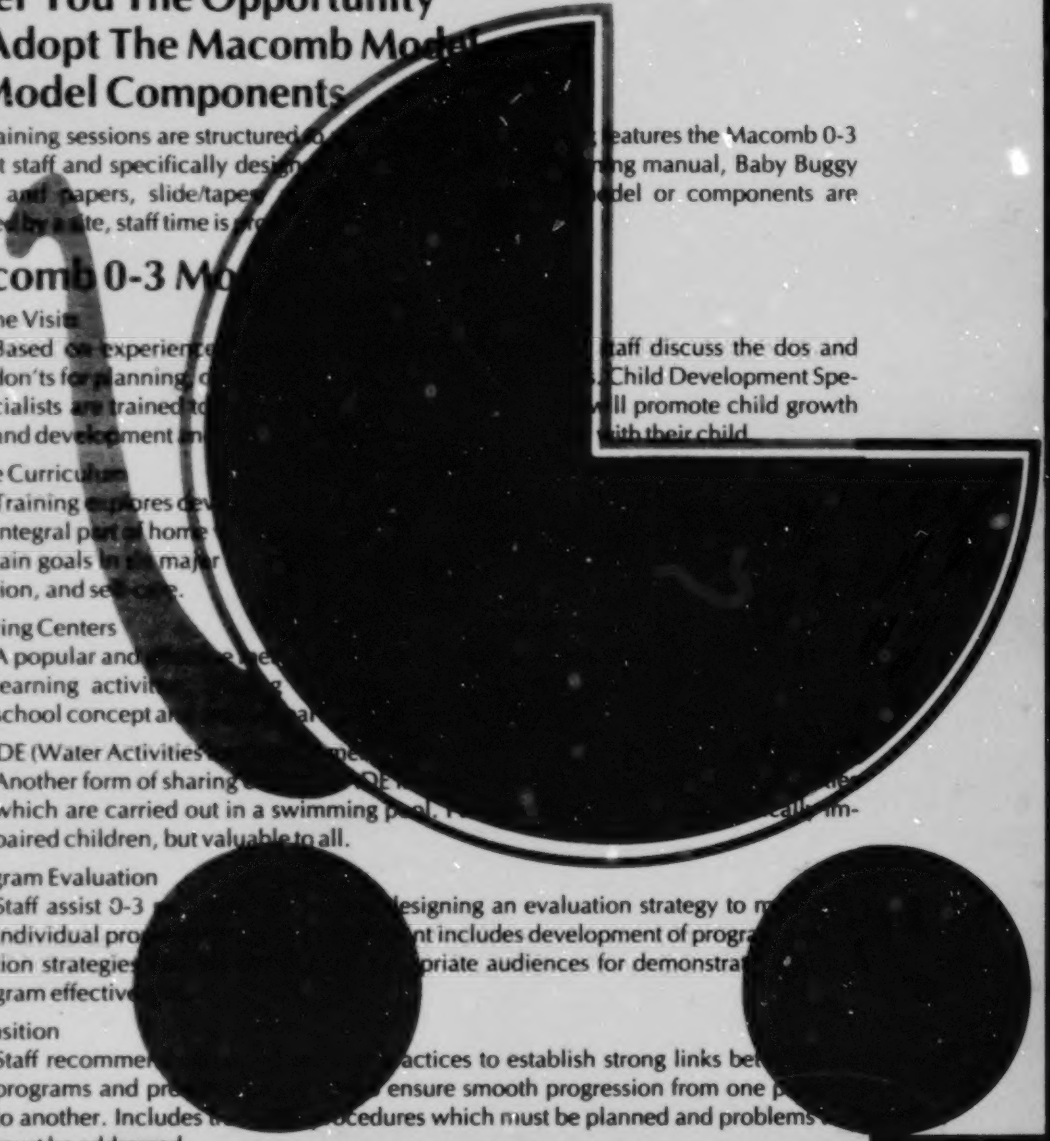
  Another form of sharing [illegible] which are carried out in a swimming p[illegible]call[illegible]impaired children, but valuable to all.

- Program Evaluation

  Staff assist 0-3 [illegible]designing an evaluation strategy to m[illegible] individual pro[illegible]nt includes development of progra[illegible] tion strategies[illegible]priate audiences for demonstra[illegible] gram effectiv[illegible]

- Transition

  Staff recomme[illegible]actices to establish strong links be[illegible] programs and pr[illegible] ensure smooth progression from one p[illegible] to another. Includes t[illegible]ocedures which must be planned and problems [illegible] must be addressed.



"Breaker, Breaker–this is Baby Buggy. Do you copy?"

During the model development stage of the Macomb 0-3 Project, a Jamboree camper was used to deliver services in West Central Illinois. "Baby Buggy" was the handle of the CB radio in the mobile unit. This handle led to the development of the Baby Buggy logo.

A camper-type vehicle can be modified so that home visits and mini-sharing centers can be held inside. Although fairly expensive to operate, mobile units often are the solution to transportation problems in isolated rural areas.

Outreach: Macomb 0-3 Project
27 Horrabin Hall
Western Illinois University
Macomb, Illinois 61455
Phone: 309/298-1634
SpecialNet: WILU
G008401203
Project Number: 024BH30052

Macomb 0-3 Baby Buggy News

Macomb, Illinois

Spring, 1984

THE MACOMB 0-3 PROJECT--IT WORKS!!!

The Macomb 0-3 Project successfully serves special infants, toddlers, and their families across the nation.

The Macomb 0-3 Project, carefully developed and implemented in a rural area of Illinois, has a history of succcess in rural areas across the country.

**It Works!
In rural areas where:
- Distances are great;
- Resources may be scarce;
- A wide range of handicapping conditions exist, but incidences vary; and
- People like to solve their own problems.

**It Works for Us
- JDRP-approval
- Expanded local funding

**It Works for Others
- In a five year period, adopting sites have served close to 2500 children and their families.

****

WHAT OUR FAMILIES SAY ABOUT US

"I am learning how to work with my child and make it fun."

"If the program wasn't around, I'm afraid my daughter wouldn't know how to do the things that the 0-3 program has helped me to teach her, that I didn't know how to teach or even that she had to learn."

"Only the parents of a handicapped child could understand the phenomenal support of the program."

"Without the knowledge and skills we have been taught, I would hate to think where our child would be at this point."

"After dealing with numerous professionals, doctors, agencies, and services, it is a tremendous aid to have a program we call 'home'."

"I like being able to help prepare as well as carry out activities; they have proven to be very beneficial to my child."

The Outreach: Macomb 0-3 Project

WHAT WE ARE ALL ABOUT

The Macomb 0-3 Project
Service Delivery Model

In 1975 the Macomb 0-3 Project received Handicapped Children's Early Education Program federal funding for three years as a model project to provide home-based services to handicapped young children and their families who lived in rural West Central Illinois. The project was housed in the College of Education at Western Illinois University.

The Outreach: Macomb 0-3 Project

Since 1978, the Outreach: Macomb 0-3 Project has trained other people to adopt the Macomb 0-3 Model for serving children and families, and has provided consultation and other outreach services to 0-3 personnel.

Continuation sites at the McDonough County Rehabilitation Center in Macomb and the Fulton County Rehabilitation Center, Inc. in Canton serve the two counties that were served by the Macomb Project in its model development phase. In eight years we have served 383 children and their families in McDonough and Fulton Counties.

* * *

OUTREACH: MACOMB 0-3 PROJECT STAFF

Director	Patricia Hutinger
Materials Coordinator	Bonnie Smith-Dickson
Training Coordinator	Sue Marshall
Evaluator/Trainer	Mary Strode
Programmer	Scott Hutinger
Secretary	Lori Lundgren

* * *

WHAT'S IN IT FOR YOU

-A tested, proven model you can adapt to your community

-A resource for your staff

-Ongoing interaction with outreach staff

-Updates on information related to early intervention

-Consultation

-Follow-up evaluation of your program's progress

-Opportunity for involvement in workshops and conferences

* * *

JDRP-APPROVED

The Macomb 0-3 Model is the only rural infant model validated by the Joint Dissemination Review Panel (JDRP) at the present time. This means that based on statistical data, the model makes a significant difference in the lives of handicapped children and their families.

* * *

121A

Macomb 0-3 Model Components

OUTREACH: MACOMB 0-3 STAFF OFFER YOU
THE OPPORTUNITY TO ADOPT
THE MACOMB MODEL OR MODEL COMPONENTS

Training sessions are structured to meet your needs. Training features the Macomb 0-3 Project staff and specifically designed materials including a training manual, Baby Buggy Books and Papers, slide-tapes and videotapes. When the model or component(s) of the model are adopted by a site, staff time is provided at no charge.

****

MACOMB 0-3 MODEL COMPONENTS

Home Visits

Based on experience in serving rural families, Outreach staff discuss the do's and don'ts for planning, conducting, and evaluating home visits. Child Development Specialists (CDS's) are trained to work with parents on activities designed to promote child growth and development as well as to help parents interact more effectively with their child.

Core Curriculum

Training explores developmental, Piagetian-based, functional curriculum which is an integral part of home visit planning and implementation. Activities are planned to obtain goals in six major areas: gross motor, fine motor, cognition, social, communication, and self-care.

Sharing Centers

A popular and effective means of bringing parents and children together to engage in enjoyable learning activities, sharing centers are based on the parent-cooperative nursery school concept and are an ideal strategy for combating rural isolation.

WADE (Water Activities for Developmental Enhancement)

Another form of sharing center, WADE is a program of child/family-oriented activities which are carried out in a swimming pool. Particularly effective with physically impaired children, but valuable to all.

Program Evaluation

Staff assist 0-3 program personnel design an evaluation strategy to meet their individual program needs. The component includes development of program evaluation strategies and the targeting of appropriate audiences for demonstration of program effectiveness.

Transition

Staff recommend effective transition practices to establish strong linkages between 0-3 programs and preschool programs to ensure smooth progression from one program to another. Includes transition procedures which must be planned and problems that must be addressed.

Outreach Services

WHAT CAN OUTREACH DO FOR YOU?

The Outreach: Macomb 0-3 Project staff understand the challenges of providing services to young handicapped children and their families and can assist you in establishing a 0-3 program or in adding new approaches to your service delivery system.

Awareness

Our presentation on the Macomb 0-3 Model or specific components of the model familiarizes you with the benefits that can be gained by the use of our model and our involvement with your staff.

Mooel Adoption

When you choose to adopt the JDRP-approved Macomb 0-3 Model (Home Visits, Sharing Centers, Core Curriculum, Transition, and Program Evaluation), you receive training and assistance in implementing all components of the project in addition to follow-up services and on-going involvement with project staff.

Replication

As a model adoption site, you collect data on child progress. If your program can demonstrate child progress similar to the progress documented by the Macomb 0-3 Project for JDRP review, then you become a replication site.

****

Component Adoption

The Macomb 0-3 Model includes Home Visits, Sharing Centers, WADE, Core Curriculum, Transition, and Program Evaluation components. When you choose to adopt one or more components of the model, you increase the available resources for providing services to children and their families.

Products

You may purchase our Baby Buggy Books and Papers and the Macomb 0-3 Core Curriculum. Project slide/tapes may be rented. A catalog will be sent to you at your request.

Program Consultation

We will work with you on an individual basis to address a specific need related to various areas of concern in program management, development and evaluation.

Staff Development

We can expand your expertise in specific areas which will enable you and your staff to gain new knowledge and competencies in areas which you select. We will provide training sessions which will better able you to address the needs of children and their families.

****

FOR FURTHER INFORMATION

If you would like more information on the Macomb 0-3 Model or model component adoption, or on the other Outreach services we offer, complete the form below and return it to us at:

Outreach: Macomb 0-3 Project
27 Horrabin Hall
College of Education
Western Illinois University
Macomb, IL 61455

Or, call us at:

309/298-1634

Or, contact us through SpecialNet (electronic bulletin board):

ID Name: WILU

REQUEST FOR INFORMATION

Name/Position: ______________________________

Agency/School: ______________________________

Address: ______________________________

____

Phone: ____________________

If you want information about the Outreach: Macomb 0-3 Project services listed below, check the space(s) provided.

- _____ Awareness Presentation (description of the Macomb 0-3 Model and/or components and the Outreach services offered by our staff)
- _____ Macomb 0-3 Model Adoption/Replication
- _____ Model Component Adoption/Replication
  - _____ Home Visits
  - _____ Core Curriculum
  - _____ Sharing Centers
  - _____ WADE
  - _____ Program Evaluation
  - _____ Transition
- _____ Inservices or workshops on early intervention topics
- _____ Products

* * *

Tell us about your program plans.

____

____

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____

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BEST COPY AVAILABLE

121 D

RAP 3/2

Outreach: Macomb 0-3 Project
27 Horrabin Hall
College of Education
Western Illinois University
Macomb, Illinois 61455

121 E

Adoption of the Macomb Model

You Are Eligible for Model/Component Adoption If . . .

-You are located in a geographic area that is basically rural, including towns and small cities.

-Your sponsoring agency will provide funding for establishment and implementation of a home-based service delivery system.

-Your staff will have time available to participate in initial training and follow-up activities.

-Your staff is committed to implementing Macomb 0-3 program procedures and philosophy.

-Your staff will provide the Macomb 0-3 Project with documentation on the number of children served and handicapping conditions, child gain data collected using agreed-upon standardized instruments, number of staff and funding sources.

-Your sponsoring agency will sign an adoption/replication agreement which documents commitment to the Macomb 0-3 Model.

****

EARLY CHILDHOOD COMES BUT ONCE
IN A LIFETIME. . . LET'S MAKE IT COUNT!

****

It Will Work For You!

It Works at "Our House or Yours."

Our Outreach trainer will conduct training for your staff at your site if you choose or your staff may come to the Macomb 0-3 Project site for training.

Either way the only expenses involved are travel, lodging, and per diem for our trainer or your staff. Outreach staff time is provided at no charge when you adopt the model or model component(s).

**"BREAKER, BREAKER . . .
THIS IS BABY BUGGY.
DO YOU COPY?"**

During model development of the Macomb 0-3 Project, a Jamboree camper was used to deliver services in West Central Illinois. "Baby Buggy" was the "handle" of the CB radio in the mobile unit; this handle led to the development of the Baby Buggy logo.

A camper-type vehicle can be modified so that home visits and mini-sharing centers can be held inside. Although fairly expensive to operate, mobile units often are the solution to transportation problems in isolated rural areas.

****

Macomb 0-3 Products

Baby Buggy Books

#1 Have Wagon: Will Travel A guide to Sharing Centers for rural handicapped infants, toddlers, and their families. 122 pages. $5.50 each.

#2 Everything AND the Kitchen Sink Ideas for making toys from household items. 23 pages. $4.00 each.

#3 Your House or Ours A guide to conducting Home Visits with rural handicapped infants, toddlers, and their parents. 11 pages. $1.50 each.

#4 You Can Make It: You Can Do It A guide to creating toys and games for young children. 134 pages. $4.00 each.

Baby Buggy Papers

The complete set of "Baby Buggy Papers" produced by the staff of the Macomb 0-3 Project. Set: 265 pages. $12.00 each.

Macomb 0-3 Core Curriculum

A functional curriculum designed for use with children who are functioning in the 0-36 month age range. Curricular areas include Gross Motor, Fine Motor, Cognition, Communication, Social, and Self Care. 3 Ring Binder, 596 pages. $38.50 each.

Macomb 0-3 Core Curriculum Program Planning Guides

Additional packets of Program Planning Guides (one set included with Curriculum) to use in conjuction with Core Curriculum. 10 sets of Guides, 360 pages. $15.00 each.

To order Macomb 0-3 products, send a purchase order, check, or money order payable to Western Illinois University Account #5-2591. For each Baby Buggy order include $1.00 postage and handling. For each Curriculum order, include $3.00 postage and handling. To order products or receive further descriptions, write to:

Outreach Macomb 0-3 Project
27 Horrabin Hall
College of Education
Western Illinois University
Macomb, Illinois 61455

or call 309/298-1634. SpecialNet ID Name: WILU.

121 G

OUTREACH: Macomb 0-3 Regional Project

JDRP approved

A Rural Child-Parent Service

MACOMB 0-3 PRODUCTS

Baby Buggy Books

#1 Have Wagon: Will Travel A guide to Sharing Centers for rural handicapped infants, toddlers, and their families. For professionals and parents interested in initiating, planning, and conducting Sharing Centers for handicapped infants and toddlers. Includes all necessary information...activities, snack ideas, supplier list, and background information...illustrations and pictures. 122 pages. $5.50 each.

#2 Everything AND the Kitchen Sink Ideas for making toys from household items. Ideal for parents. Describes materials needed, how to make the toys, and the area and level of development to which the toy is geared. 23 pages. $4.00 each.

#3 Your House or Ours A guide to conducting Home Visits with rural handicapped infants, toddlers, and their parents. Written for professionals, this illustrated booklet provides an overview of the Home Visit process. Includes sections on early intervention, staffing, procedures for referrals, and Home Visits. Highlights Home Visit preparation, planning, and evaluation. 11 pages. $1.50 each.

#4 You Can Make It: You Can Do It A guide to creating toys and games for young children. Book contains patterns for 90 items that can be easily made at home or school. Includes knitted, crocheted, and sewn toys, wooden toys and games, and toys made from household materials. 134 pages. $5.00 each.

Baby Buggy Papers

The complete set of "Baby Buggy Papers" produced by the staff of the Macomb 0-3 Project. Over 30 individual papers including: "Activity Plans for Home Visits," "The Sharing Center Kit Concept," "Maintaining Communication and Coordination with the Medical Community," "Parents' Bibliography," and many more. Set: 265 pages. $12.00 each.

Macomb 0-3 Core Curriculum

A functional curriculum designed for use with children who are functioning in the 0-36 month age range. Curricular areas include Gross Motor, Fine Motor, Cognition, Communication, Social, and Self Care. Skill areas with corresponding skill sequences, activity examples, references, and adaptations are provided for each curricular area. Curriculum includes information on curricular philosophy, development, target population, references, and use. Included in the package is one set of Program Planning Guides which list all goal areas and skill sequences used to place children within the curriculum areas and to monitor child progress. 3 Ring Binder, 596 pages. $38.50 each.

Macomb 0-3 Core Curriculum Program Planning Guides

Additional packets of Program Planning Guides (one set included with Curriculum) to use in conjuction with Core Curriculum. 10 sets of Guides, 360 pages. $17.00 each.

ORDER FORM

Name ______________________________ Title ____________________

Agency ______________________________ Phone ______________

Address ____

____

Purchase Order Number __________ Signature ________________________

Date _______________ Number of Handicapped Children Served ___________

Your check or purchase order must accompany your order. All payments must be in U.S. funds. Materials shipped parcel post unless other arrangements are made. Please allow 3-4 weeks delivery. Prices subject to change without notice.

Products	Quantity	Total
#1 Have Wagon: Will Travel $5.50 each.		
#2 Everything AND the Kitchen Sink $4.00 each.		
#3 Your House or Ours $1.50 each.		
#4 You Can Make It: You Can Do It $5.00 each.		
Baby Buggy Papers $12.00 each.		
Macomb 0-3 Core Curriculum $38.50 each.		
Program Planning Guides (Pkg. of 10) $17.00 each.		
	Subtotal	
	Postage & Handling	
	Total	

Postage & Handling:
$1.00 for Baby Buggy Books and Papers
$3.00 for each Curriculum

Please make check or purchase order payable to:
WESTERN ILLINOIS UNIVERSITY [redacted]

_____ Please include me in future mailings (newsletters, workshop invitations, etc)

Outreach: Macomb 0-3 Project
27 Horrabin Hall
Western Illinois University
Macomb, Illinois 61455

OUTREACH: Macomb 0-3 Regional Project

JDRP approved

A Rural Child-Parent Service

MACOMB 0-3 PROJECT MODEL DESCRIPTION

The Macomb 0-3 Project model is a home-based delivery system for services to handicapped, delayed, or at-risk infants from ages birth to three years and their families who live in rural areas. It was first funded in 1975 as a demonstration project by the Bureau of Education for the Handicapped. In 1978, the Project received funding as an Outreach project and has received funding continuously since that time. When the project received funding for Outreach services, direct services for children were assumed by the project's two continuation sites, the McDonough County Rehabilitation Center, Macomb and the Fulton County Rehabilitation Center, Inc., Canton, Illinois which both serve as demonstration sites for training and observation. In June of 1980, the Joint Dissemination Review Panel approved the Project as an exemplary model, making it part of the National Diffusion Network. The Macomb Project is the only rural infant project validated by JDRP, at the present time.

Project and Program Assumptions. The model operates on the basic assumption that the involvement, cooperation, and enthusiasm of the parent(s) or primary caretaker in Project activities is essential. A second assumption is that coordination, cooperation, and communication among the persons who work with the child and family are essential so that activities can be integrated and cross a variety of content differing needs and handicapping conditions. Eligibility for services is based on a noncategorical approach so that infants are not labeled with a specific handicap. A fourth assumption, related to the curricular approach used, is based on the belief that effective activities combine principles of child development, consistent application of Piagetian principals and specific strategies for dealing with various handicapping conditions.

Goals and Objectives. The major claims of effectiveness of the Macomb 0-3 Project are: (1) to provide an effective educational/remediation program for optimal development of handicapped infants in rural areas, and (2) to help parents who live in rural areas acquire skills and knowledge to become more effective in dealing with their child.

Children Served. The children range in age from birth to three years of age, and exhibit a variety of handicaps, including gross physical or motor handicaps, sensory impairment, marked intellectual lag, lack of age-appropriate speech and language development, and serious emotional problems. Multiple handicaps include Cerebral Palsy and Down Syndrome. Children who are classified as "high risk" are also served.

Program Services. Project components include Home Visits, Sharing Centers, WADE (Water Activities for Developmental Enhancement), Program Evaluation, and Core Curriculum. Underlying the curricular activities is a developmental framework based on such Piagetian concepts of child development as child autonomy, independent exploration of materials, play activities, and social interactions. Necessary adaptations for treatment of various handicapping conditions and aspects of language and speech development and also included. Behavioral teaching concepts and techniques are used, when appropriate, with individual children.

Referrals, Screening, and Diagnosis. Referrals come from personnel in the medical community, Children and Family Services, Public Health and public schools, and from community citizens. Often times, CDS's conduct child find activities independently, or in conjunction with public school screening programs. The CDS contacts the family promptly upon receiving the referral and schedules a home visit to screen the child. Children are then screened using the Steps-Up screening instrument. A child who demonstrates little delay is served on a "monitor" basis, with the CDS observing him/her at Sharing Centers if the parents so desire. Families of those children showing significant delay are offered the opportunity to be enrolled in the Home Visit program.

Home Visits. Once the child is enrolled in the Home Visit program, procedures for ensuring medical stabilization of the child are arranged. Medical stabilization is considered to be a prerequisite to education and remediation. As part of the diagnostic service to the family, techniques for providing family support are also arranged. Comprehensive evaluations, such as speech and language evaluations, or physical therapy evaluations, are also arranged if available and warranted for the child.

Assessment and IEP. Within four weeks after the chld is accepted in the program, he/she begins a battery of three measures. The Alpern-Boll Developmental Profile an the Bzoch-League Receptive and Expressive Emergent Language Scale (REEL) are used to ascertain the child's developmental level; pre and post test scores are used to measure child progress during the six month intervention period. The Uzgiris-Hunt Scales of Cognitive Development are used to acertain the child's level of cognitive functioning, but not to yield a quantifiable age score.

Four steps are involved in developing an individualized educational program for the child. First, the CDS observes the child and home environment, using an observational checklist for informal assessement of the child during the first two or three visits. Input from additional diagnostic evaluations is also used. Second, formal assessment measures (Alpern-Boll, REEL, and Uzgiris-Hunt Scales) are administered by the CDS and results are used to confirm or reject observation and to demonstrate to the parent(s) the child's functioning level in various areas of development. Third, parents' concerns for their child are assessed in informal interviews. It is assumed that meeting parent needs is of paramount importance for a child's satisfactory development. Fourth, after a minimum of four weeks of observation and interactions with the child and parent(s), bi-yearly goals and objectives for the child covering the assessed areas of needs are developed by the CDS and the parent(s) using the project's Core Curriculum. Activities for each home visit are planned using the goals and objectives in the individualized plan.

Home Visits. The CDS plans, conducts and evaluates home visits which take place on a weekly basis and are approximately one hour in length. During the home visit, the CDS demonstrates appropriate activities designed to facilitate goals and objectives. The parent(s) then demonstrate the activities with the child while the CDS observes and reinforces appropriate language and techniques. The CDS and parent(s) work together as a team in their work with the child. When the CDS operates in a transdisciplinary team, he/she models appropriate theraputic techniques recommended by other professionals for the parent(s) to observe and implement on their own.

Sharing Centers. In addition to home visits, parents participate in Sharing Centers which meet every two weeks or monthly in community buildings, churches, cooperative nursery school, and/or parents' homes. Sharing Centers, which evolved from the concept of a parent, function as a transition between home and center-based programs in addition to providing a form of mainstreaming, since "typical" children (siblings and invited participants) are involved in Sharing Centers.

The purpose of sharing centers are varied: they encourage appropriate parent/child play and interaction, provide opportunities for children living in rural areas to observe, imitate, learn, and interact with other children, enable adults living in rural areas to develop friendships and provide support to others with handicapped children and offer parenting education opportunities for adults. Parent study topics that can be incorporated into sharing centers include parent effectiveness training (PET), child management techniques, language development, nutrition, and topics suggested by the parents as important to address.

Core Curriculum. The Macomb 0-3 Core Curriculum, Third Edition underwent a vigorous revision process in 1983. Content is organized into the six major areas of child development: Gross Motor, Fine Motor, Cognition, Social, Communication, and Self Care. Each curricular area is divided into skill areas (goal statements) and then into skill sequences (objectives leading to the goal). Activity examples reflect the curriculum's functional approach; activities focus on daily routines, life situations, and play times. Adaptations and suggestions are included for children having visual auditory and/or motor impairments. Over eighty contemporary, well-known references were used in the revision process, including earlier editions of the Core Curriculum.

Program Evaluation

The Macomb 0-3 Rural Project Program Evaluation component includes child evaluation, parent evaluation, and staff evaluation. Several levels of evaluation can be used in any component, beginning with documentation (i.e., counting and tallying the number of times a particular event occurs), behavior changes (usually measured by an evaluative instrument), and attitude change (satisfaction with a particular aspect of a program).

Program evaluation results in the collection of data which can be used for assessing the impact of various procedures on the child, the family, and the community. Demonstration of change in behavior as a result of program participation provides a stronger data base for arguing the necessity of working with young handicapped children.

Evaluation procedures employed in child evaluation include standardized tests, observation, discussion with parents, and charting specific behaviors and the use of a parent satisfaction questionnaire. Project staff can be evaluated using a computerized Staff Activities Accountability Program (SAAP), a checklist of CDS Competencies, monthly family service summaries and a staff satisfaction questionnaire.

Outreach Services

As an Outreach project, the Macomb Project is primarily funded to provide training on the Macomb Model in its entirety or on separate model components. Training can be conducted for professionals who are interested in establishing an effective early intervention model program, or who want to expand already existing programs. Model components include Home Visits, Sharing Centers, WADE (Water Activities Developmental Enhancement), Core Curriculum and Program Evaluation. Training can be conducted at the Outreach site or at the adopting agency. Adopting agencies are in contact with the project or an on-going way.

Other services the Outreach staff can provide include:

1) Conducting awareness activities through presentations and workshops;

2) Developing and disseminating products such as printed materials and slide/tape productions;

3) Providing consultation and staff development on a wide variety of topics related to early intervention.

OUTREACH: Macomb 0-3 Regional Project

JDRP approved

A Rural Child-Parent Service

TRAINING: FULL MACOMB 0-3 MODEL ADOPTION

What is included?

Initial training designed to enable agencies to establish an effective home-based early intervention program based on the validated Macomb Model framework/procedures is available. Five days of intensive training sessions provide professionals with the skills and knowledge necessary to plan, implement, and evaluate Home Visits, Sharing Centers and/or WADE, Program Evaluation and the use of the Core Curriculum. The five days of training may take place in sequence or replication agencies can choose to implement the model in phases. For example, an agency may wish to receive training on Home Visit, Core Curriculum, and Program Evaluation components together initially, in order to establish those components before implementing the Sharing Center and/or WADE components. Content of the sessions would be similar in scope and content to that of individual component training.

What are the costs for training and follow-up?

Agencies replicating the Macomb Model or individual components assume the costs involved for travel, lodging, and per diem for one staff member conducting initial training, or, they assume costs for their staff to travel to Macomb to receive initial training. Training materials, and staff time are provided by the Macomb project. Follow-up evaluations/consultation can be conducted on site if desired; adopting agencies assume costs for Macomb staff travel, lodging and per diem costs for one staff member to travel to conduct follow-up. Follow-up evaluation can also be conducted through questionnaires completed by site staff and returned to the Project office or by phone. This can be negotiated when the replication agreement is discussed and signed by the agency and the Macomb 0-3 Project. Often times the costs can be assumed on behalf of the replication agency by a federal, state, or local source. As the Macomb 0-3 Project is part of the National Diffusion Network, State Facilitator Projects often times can provide funding for training. Macomb project staff can help agencies wishing to adopt the model/components investigate possible funding sources.

How do I make arrangements?

It's simple! Call up...and we'll discuss it.

Contact the Outreach staff of the...

Macomb 0-3 Project
27 Horrabin Hall
Western Illinois University
Macomb, Illinois 61455
Patricia Hutinger, Ed.D., Director

309/298-1634

Or, contact us through SpecialNet. Our ID name is WILU.

OUTREACH: Macomb 0-3 Regional Project
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TRAINING: HOME VISITS

What is available?

Training on the Home Visit component of the Macomb 0-3 Project is designed to teach professionals how to plan and conduct successful home visits. Initial training on the Home Visit component can be accomplished in two and a half days. However, a five day intensive training session is offered to agencies wishing to replicate this effective model for working with children and their parents on a regular basis. Training can be conducted at your site or ours.

What is included?

Outreach staff work in advance with members of your staff to design the specific training schedule and content. Usually, specially-prepared instructional aids are incorporated into the training session. These include Baby Buggy book #3, "Your House or Ours" and a Project Training Manual for each participant, also use of slide/tapes, videotape materials, and hands-on experiences with children and parents. Training content includes, but is not limited to use of appropriate assessment tools, programming/IEP development using the project's Core Curriculum, establishing a referral system, working with medical and other helping professionals, operating as a team with parents in planning, implementing and evaluating home visits, and evaluating program effectiveness.

Follow-up evaluation includes direct observation of home visits and ranking the visit(s) using a project developed observation checklist, or evaluation and ranking of videotaped home visits by Macomb project staff, program review based on a model fidelity checklist and ranking staff using CDS competency checklists.

How much does it cost?

The cost is negotiable, depending on such factors as the length of the anticipated training event, the location, travel expenses for outreach staff. Generally staff time and materials are provided at no cost. Based on our commitment to providing outreach to interested agencies, a limited number of training sessions will be provided at no cost to participating agencies and professionals.

How do I make the arrangements?

It's simple! Call us ...and we'll discuss it.
Contact the outreach staff of the....

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27 Horrabin Hall
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309/298-1634

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TRAINING: SHARING CENTERS

What is available?

Training on the Sharing Center component of the Macomb 0-3 Project is designed to teach professionals how to set up and conduct successful sharing centers. An overview of the Sharing Center concept can be accomplished in about one day. However, a two-day intensive training session is offered to agencies wishing to replicate this effective concept for bringing parents and children together on a regular basis. Training can be conducted at your site or ours.

What is included?

Outreach staff work in advance with members of your staff to design the specific training schedule and content. Usually, specially-prepared instructional aids are incorporated into the training session. These include Baby Buggy Book #1, "Have Wagon Will Travel" and a Sharing Center Training Manual for each participant; plus use of slide/tape and videotape materials. Training content includes development of a parent needs assessment, use of a planning guide to establish centers, development of appropriate environmental design and activities, planning and conducting parent study groups, ways to observe/evaluate parent child interaction, preparation of appropriate snacks, and evaluation of sharing centers.

On site follow-up evaluation includes direct observation of an operating sharing center, evaluation by Macomb staff, using a project-developed observation checklist and discussion of program strengths and needs with site staff. Follow-up evaluation can also be conducted by site staff or staff independent of the 0-3 program, by observing and rating the center and sharing evaluation information with the Macomb project, through completion of a follow-up questionnaire, or phone calls. Periodically site staff share information about their center for inclusion with the Sharing Center Newsletter, developed bi-yearly by the Macomb staff and distributed to all sites conducting centers.

How much does it cost?

The cost is negotiable, depending on such factors as the length of the anticipated training event, the location, travel expenses for outreach staff. Generally staff time and materials are provided at no cost. Based on our commitment to providing outreach to interested agencies, a limited number of training sessions will be provided at no cost to participating agencies and professionals.

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TRAINING: WADE (Water Activities for Developmental Enhancement)

What is available?

Training in the WADE (Water Activities for Developmental Enhancement) component of the Macomb 0-3 Project is designed to teach professionals how to set up and conduct a successful WADE experience for children. An overview of the WADE concept along with the hands on training with children can be accomplished in one day. Training can be conducted at your site, if your have a swimming facility available, or ours.

What is included?

Outreach staff work in advance with members of your staff to design the specific training schedule and content. Usually, specially-prepared instructional aids are incorporated into the training session. These include Baby Buggy Paper #121, "WADE (Water Activities to Enhance Development for Handicapped and High Risk Infants)", along with other handouts designed to increase your awareness and effectiveness in implementing the WADE experience; plus use of a slide/tape and videotape materials.

Follow up evaluations involve direct observation and rating using a project-developed observation checklist, observation of a WADE videotape, and/or questionnaires completed by site staff or independent staff, or through phone calls.

How much does it cost?

The cost is negotiable, depending on such factors as the length of the anticipated training event, the location, travel expenses for outreach staff. Generally staff time and materials are provided at no cost. Based on our commitment to providing outreach to interested agencies, a limited number of training sessions will be provided at no cost to participating agencies and professionals.

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TRAINING: CORE CURRICULUM

What is available?

Training on the Core Curriculum component of the Macomb 0-3 Project is designed to teach professionals how to use the Curriculum to develop individualized functional programs for children. An overview of curriculum philosophy, organization and content can be accomplished in one day. However, a two day, in-depth training session is offered at agencies that want to replicate the Curriculum component and systematically incorporate its use witin their program. Follow-up and consultation with Macomb staff are replication benefits.

What is included in training?

Outreach staff work in advance to design the specific training schedule and content of the sessions. Efforts are made to adapt the curriculum's use according to the agency's overall needs and procedural requirements. Core Curriculum manuals and Program Planning Guides are provided for use during training; a case study approach is used to give trainees "hands-on" experiences. Each replicating agency will be provided with a copy of the Curriculum. Additional copies may be purchased.

What is required of the replication agency?

Agencies that replicate the Curriculum component will be required to collect test data at regular intervals using an agreed upon standardized assessment instrument and provide that data to the Macomb 0-3 Project. Child and family confidentiality will be upheld. In addition, agencies must provide specific information about their agency periodically including: demographic information, personnel employed, number of children served and the nature of their handicapping conditions.

How much does it cost?

Replicating agencies are asked to assume costs incurred for travel, lodging, and per diem expenses for one staff member traveling to conduct on site training. Staff time is provided at no costs. Training sessions can be conducted at the Macomb Project site as weTT.

How do I make arrangments?

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TRAINING: PROGRAM EVALUATION

What is available?

Training on the Program Evaluation component of the Macomb 0-3 Project is designed to help professionals develop successful program evaluation systems. Procedures can be designed to meet needs in child, parent, and staff evaluation. Training on the program evaluation component can be accomplished in.one day. However, a two day intensive training session is offered to agencies wishing to replicate this tested concept for evaluating the various parts of individual programs. Training can be conducted at your site or ours.

What is included?

Outreach staff work with members of your staff to design specific training schedule content. Usually specifically prepared instructional aids are incorporated into the training session. These include forms to develop program evaluation strategies and a sequenced series of activities to help plan, collect data, analyze data, summarize data, then choose appropriate target audiences for dissemination of information regarding your program effectiveness. Program evaluation as used in the Macomb Model are presented, and adaptations to met individual program needs are discussed.

How much does it cost?

The cost is negotiable, depending on such factors as the length of the anticipated training event, the location, and travel expenses for outeach staff. Generally staff time is provided at no cost. Based on our commitment to providing outreach to interested agencies, a limited number of training sessions will be provided at no costs to participating agencies and professionals.

How do I make the arrangements?

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Macomb 0-3 Project
27 Horrabin Hall
Western Illinois University
Macomb, Illinois 61455
Patricia L. Hutinger, Ed.D., Director
309/298-1634

IT'S HERE!!

The functional curriculum you've been waiting for...

The Macomb 0-3 Core Curriculum 3rd Edition

A comprehensive, functional curriculum guide for working with handicapped, at-risk and developmentally delayed children functioning within the 0-3 year age range. For home or center-based early intervention programs. A color-coded, loose leaf bound, 596 page curriculum for $41.50 post paid.

FEATURES:

- Goals and objectives in major areas of child development.
- Functional activities which focus on child behavior, daily routine and play times.
- Adaptations for children with visual, auditory and/or motor impairments.
- Skills, activities and adaptations all individually referenced.
- Color-coded program planning guides to monitor individual children's progress.

For more details or to order write:
Outreach: Macomb 0-3 Project
27 Horrabin Hall
College of Education
Western Illinois University
Macomb, IL 61455
309-298-1634
SPECIAL NET ID: WILU

BEST COPY AVAILABLE

Outreach: Macomb 0-3 Rural Project
A Rural Child-Parent Service

Presenting

CORE

Computer Oriented Record-keeping Enabler

- Designed for use with the Macomb 0-3 Core Curriculum
- Enables direct service staff to create and store goals and objectives for Individualized Educational Plans
- Create or edit student records in the following areas:
  Gross Motor * Fine Motor * Cognition
  Communication * Social * Self-care
- Review records on screen, or print hardcopy if you prefer
  List skills child has previously accomplished
  List child's current individualized plan
  List suggested skills to target next
  List all skill area statements
- Program is extremely **user friendly with on-screen help**
- Price: **$129.95** with Macomb 0-3 Core Curriculum
  $ 89.95 separately

Direct orders or inquiries to:

CORE
The Macomb Projects
27 Horrabin Hall
Western Illinois University
Macomb, Illinois 61455
(309)298-1634

System requirements:

Apple (or compatible) with 48k of RAM
Two disk drives
80-column display
Printer (optional)

OUTREACH: Macomb 0-3 Regional Project

JDRP approved

A Rural Child-Parent Service

NEWSLETTER
November, 1983

THE LONG WAIT IS OVER
WHAT YOU'VE BEEN WAITING FOR IS HERE!

WE ANNOUNCE

THE 3RD EDITION OF THE MACOMB 0-3 CORE CURRICULUM
A Functional Infant Curriculum

For only $38.50 plus postage and handling, you may purchase the Macomb 0-3 Core Curriculum--a color-coded, comprehensive, functional curriculum guide for working with handicapped, at-risk, and developmentally delayed children who are functioning within the 0-36 month age range. The Curriculum is designed to be used in a home- or center-based early intervention program.

Introduction: Includes information on the curriculum's philosophical base, development, format and use, as well as suggestions for using the curriculum.

Curriculum: Includes goals, objectives, activities, adaptations and references for the areas of gross motor, fine motor, cognition, communication, social, and self-help. Each area is divided into goal areas and then into skill areas leading to the goal.

Activities: Activities reflect the Curriculum's functional approach. They focus on child behavior, and involve daily routines, family activities, and play times.

Adaptations: Adaptations include activities and suggestions for use with children who are motorically impaired, hearing impaired, visually impaired or developmentally delayed.

Program Planning Guides: Program Planning Guides, which list all goal areas and skill sequences, are used with individual children to place them within the Curriculum and to maintain an ongoing record of progress.

References: References provide information about the contemporary resources used in curriculum development. Full bibliographical entries allow you to go to the reference for further information.

Ordering Information: If you are interested in purchasing the color-coded Core Curriculum, which is packaged in a heavy-duty loose leaf binder, or if you have questions about the Core Curriculum, please contact the Macomb Office. Additional packets of ten sets of Program Planning Guides can be purchased separately for $15.00 to supplement the one color-coded set which is included in each Curriculum.

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Member of National Diffusion Network

ATTENTION

Replication and Training Opportunities Abound

Administrators, Early Childhood Educators, Child Development Specialists, Parent/Infant Educators, and other professionals working with young handicapped children and their families - - -

Take advantage of the expertise available from the Macomb 0-3 Project Outreach trainers and the training they offer on the Macomb Model.

The Macomb 0-3 Model consists of Home Visits, Sharing Centers, WADE (Water Activities for Developmental Enhancement), and Program Evaluation.

*Home Visits--Techniques for planning, conducting, and evaluating Home Visits. The Macomb 0-3 Core Curriculum is basic to activity planning.
*Sharing Centers--Effective means of bring parents and children together to engage in learning activities. The Macomb 0-3 Core Curriculum is basic to activity planning.
*WADE--Used in conjunction with Sharing Centers or as a separate program. Child-oriented activities carried out in a swimming pool.
*Program Evaluation--Designed to help 0-3 program staff develop a successful program evaluation strategy.

The family's involvement is considered essential to the success of any of the components. The Macomb 0 -3 Model components were validated by the Joint Dissemination Review Panel (JDRP) in 1980 as making a significant difference in the lives of handicapped, developmentally delayed and/or at-risk children and their families who live in rural areas.

Upon replication of the Macomb 0-3 Model, or components of the Model, Macomb 0-3 trainers will help you establish an effective early intervention program in your area or will provide you and/or your staff with training on a new component for your already existing program. Training is offered without cost to agencies who replicate the Macomb Model or components of the Model.

Outreach trainers will provide initial training and materials necessary for replication of the Macomb 0-3 Model at the Macomb site on two separate occasions in 1984. You can choose to attend the entire five days of training if you want to replicate the complete Macomb 0-3 Model (Home Visits, Sharing Centers, WADE, and Program Evaluation). Or, you can attend training sessions on specific components. The dates for training are February 27-March 2, 1984 and June 4-8, 1984.

Registration for these sessions is limited. If you and/or your staff want to attend, fill out the form which is inserted in the newsletter and return it to Sue Marshall, Training Coordinator. The registration deadline for the February-March is February 1 and for the June training, is May 15, 1984. When we receive the form we will contact you about the specifics of replication and will provide travel and lodging information.

-----A Training Alternative

If you would prefer to be trained at your own agency, we can schedule with you. With your agency covering the trainer's travel expenses (mileage, hotel and per diem) we will provide the model or component training free of charge. Complete the lower half of the inserted form and return it to Sue Marshall.

-----An Added Bonus to Replication

Sharing Center Newsletter

Staff from agencies which have replicated the Sharing Center component of the Macomb Model always have unique and exciting ideas and activities to share with us, as well as problems they need to work out. As a way of sharing information among Sharing Center sites, we have developed the Sharing Center News. The newsletter is printed bi-yearly and includes seasonal activities for children, suggestions for parent study groups, common problem areas and possible solutions, resource information and other features which we want to share with those conducting Sharing Centers.

Sample copies are available to individuals or agencies who are interested in receiving further information on Sharing Center training and replication.

KEY NEWS

Let's Get Together in Washington!

Bonnie Smith-Dickson, Coordinator, and Sue Marshall, Trainer for the Macomb 0-3 Project, will be in Washington, D.C. for the HCEEP/DEC Conference, December 11-14. If you will be attending also, let's get together and discuss the Macomb 0-3 Project and how we can work with you. Write or call us at 309/298-1634. We look forward to seeing you.

SpecialNet

Get in touch with us on SpecialNet! Our user name is WILU. You can leave a message concerning the Macomb 0-3 Project or any of the other Macomb Projects, and one of our staff will get in touch with you.

ADDITIONAL MACOMB PROJECTS NEWS

A Great New ACTT Has Come To Town

Macomb Projects is pleased to announce the timely arrival of a new program. Project ACTT (Activating Children Through Technology), a three-year HCEEP demonstration grant, will develop and demonstrate an innovative microcomputer curriculum designed to facilitate interaction between the child and the environment. Children from the ages of birth to six who demonstrate handicapping conditions which inhibit their abilities to influence their world are the primary candidates for this special type of early intervention. Practical, affordable microcomputer software and hardware will be developed based on the needs of the children and families participating in this project. Initially, ACTT staff will work with children from the McDonough County Rehabilitation Center's 0-3 Program and preschool classes from the Bushnell and Colchester, Illinois school districts. Dissemination of the model program will begin in the second year of the project.

Study of Illinois Birth-to-Three Programs

Patti Hutinger and Dick Rundall are respectively director and coordinator of a grant, funded by the Governor's Planning Council on Developmental Disabilities, to study the state of the art of 0-3 programs in Illinois. The purpose of the one-year project is to establish a set of recommended standards for programs serving young handicapped children in Illinois. The recommended standards will be developed from a 1) review of literature; 2) survey of exemplary 0-3 programs; 3) Level I survey of all Illinois 0-3 programs; and 4) Level II in-depth interviews of a random sample of eight rural and eight urban Illinois 0-3 programs. Data will be collected from direct service delivery staff, administrators, support agency staff and families. The data from Illinois programs will be compared with data from exemplary programs and the review of literature. A panel of experts will contribute to the interpretation of data and development of standards.

Contact us if you have ideas or questions. The Level I surveys will be mailed in December and are to be returned by January 18, 1984. We are asking for cooperation and support from the 0-3 programs in Illinois in completing the survey questionnaires. We are also interested in input from 0-3 program personnel in Illinois as well as other states concerning the study.

Project M.U.S.E. Update

As Project M.U.S.E.: Microcomputer Use in Special Education goes into its second year of operation, we can look back on a productive year. Major goals of the project, which include the training of special education teachers to use micros in their classrooms, evaluation of relevant software and adaptive peripherals for special needs children and the establishment of a Users' Network, continue into the second year.

Project M.U.S.E. staff have worked hard to meet the urgent demand for training of special educators to use micros in their classroom curricula by conducting numerous training workshops and doing presentations at various computer conferences and teachers' institutes. Training includes techniques for incorporating micros into classroom curriculum, use of appropriate software, software evaluation, and information about peripherals which are available for a wide variety of handicapping conditions.

The Users' Network includes individuals who are interested in or are using microcomputers with special needs children. The Network was established as a communication line for individuals to use as a resource for specific requests and as an opportunity to exchange information with other users.

For more information regarding Project M.U.S.E. activities and/or the Users' Network, please contact the Macomb Project Office.

UPCOMING EVENTS TO NOTE

Infants Can't Wait: Clinical Challenges of the Eighties, December 2-4, 1983, Washington Hilton, Wshington, D.C.

Includes sessions by T. Berry Brazelton, Michael Lewis, Stanley Greenspan, Kathryn Barnard and Sally Province. For more information contact Emily Schrag, National Center for Clinical Infant Programs, 733 15th St., N.W., Suite 912, Washington, DC 20005.

HCEEP/DEC Conference, December 12-16, 1983, Washington Sheraton, Washington, D.C.

Patti Hutinger will be particating in two sessions at this year's conference for First Chance Projects. Infant Curriculum Overview, December 13, 3:30-5:00 p.m. and The Four Dollar Hour: Microcomputer Telecommunications and the Use of Special Net for HCEEP Projects, December 14, 8:30-10:00 a.m.

Interact Conference, March 29-31, 1984, Kansas City, Kansas

Plans are in the works for the Spring Interact Conference which will focus on early intervention. Plan to attend and hear nationally known speakers and to exchange information with early interventionists from all over the country. We will keep you informed of further details.

Spring Conference on Early Intervention, May 17-18, 1984, Ramada Inn, Peoria, Illinos

The Outreach: Macomb 0-3 Regional Project, Peoria 0-3 Outreach Project, and Project RHISE/Outreach from Rockford are co-sponsoring a two-day training conference for those serving young handicapped children. We will be disseminating information at a later date about the conference, but hope you will mark these dates on your calendars now.

Sessions during the conference will consist of training on specific topics relevant to those who provide services to young handicapped children. In our planning for the conference, we want to choose content for the sessions which you, as participants, view as most important. In order to achieve this aim, we will be enclosing a Spring Conference 0-3 Survey with the Level I surveys we will be mailing in December to all the 0-3 programs in Illinois. We would greatly appreciate the return of the survey as soon as possible. That will help us to bring you a conference which will meet your needs.

OUTREACH: Macomb 0-3 Regional Project
27 Horrabin Hall
Western Illinois University
Macomb, IL 61455

Non-Profit Organization
U. S. POSTAGE
PAID
Macomb, Illinois 61455
Permit No. 489

REPLICATION REGISTRATION FORMS

YES! OUR AGENCY WANTS TO REPLICATE THE MACOMB MODEL/COMPONENTS

Check ☑ those dates you would like to attend

☐ Full Model Training Feb. 27-
March 2, 1984

Component Training:

☐ February 27
☐ February 28 Home Visits
☐ February 29
☐ March 1 Sharing Centers/WADE
☐ March 2 Program Evaluation

☐ Full Model Training June 4-8

Component Training:

☐ June 4
☐ June 5 Home Visits
☐ June 6
☐ June 7 Sharing Centers/WADE
☐ June 8 Program Evaluation

Agency Name ______________________________

Address ______________________________

____

Phone # ____________________

Name/Positions of Those Attending Training Sessions:

____

____

____

REGISTRATION DEADLINES: FEBRUARY 1, 1984 and MAY 15, 1984

* * *

YES! OUR AGENCY IS INTERESTED IN REPLICATING THE MACOMB MODEL/COMPONENTS

We would like training sessions to be conducted at our agency's site. We understand that training is provided by the Macomb 0-3 staff in exchange for a replication agreement. We will assume travel, lodging and per diem expenses for the trainer.

Agency Name ______________________________

Address ______________________________

Phone # ____________________

Name/Positions of Those Attending Training Sessions:

____

____

RETURN TO: Sue Marshall, Training Coordinator
OUTREACH: Macomb 0-3 Regional Project
27 Horrabin Hall
Western Illinois University
Macomb, IL 61455

OUTREACH: MACOMB 0-3 REGIONAL PROJECT

27 Horrabin Hall
Western Illinois University
Macomb, Illinois 61455

Request for Information About OUTREACH Services

Name/Position: ____________________

Agency/School: ____________________

Address: ____________________

____

Phone Number: ____________________

Indicate interest in obtaining information about the OUTREACH: MACOMB 0-3 REGIONAL PROJECT services listed below by placing a check mark in the space provided.

AWARENESS:

_____ Our presentation of the MACOMB 0-3 MODEL familiarizes you with the benefits that can be gained by the use of our model and our involvement with your staff.

PRODUCTS:

_____ Baby Buggy Books
_____ Baby Buggy Papers
_____ Slide/Tapes
___ Core Curriculum

CONSULTATION/STAFF DEVELOPMENT:

_____ Identification of program needs
_____ Child development and assessment
_____ Parent involvement and parent groups
_____ Management systems
_____ Materials/product development
_____ Program evaluation
_____ Grant writing and obtaining funds
_____ Community awareness
_____ Documenting program effectiveness
_____ Working with the medical community
_____ Strategies for programming in the 1980's

COMPONENT ADOPTION:

_____ Home Visits
_____ Sharing Centers
_____ WADE (Water Activities for Developmental Enhancement)
____ Program Evaluation

MODEL ADOPTION:

_____ When you choose to adopt the JDRP (Joint Dissemination Review Panel)-approved MACOMB 0-3 MODEL (Home Visits, Sharing Centers, and the Core Curriculum) you receive training and assistance in implementing the components of the Project as well as ongoing involvement with us at no cost to participating programs.

Appendix B: Sample OUTREACH Activity Documentation

Conference Brochures Excerpts

Outreach Training Announcements

Outreach Training Agendas

Minutes from Meetings

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Conference Brochures Excerpts

THIRD ILLINOIS

BIRTH TO THREE

SYMPOSIUM

FUNCTIONAL STRATEGIES
FOR
EARLY INTERVENTION PROGRAMS

May 17-18, 1984

Holiday Inn--Brandywine

Peoria, Illinois

Sponsored by:
Outreach: Macomb 0-3 Project
Peoria 0-3 Outreach Project
Project RHISE/Outreach
and
Illinois First Chance Consortium
Illinois State Board of Education

THIRD ILLINOIS BIRTH TO THREE SYMPOSIUM SPONSORS

The three sponsoring projects, Outreach: Macomb 0-3 Project, Peoria 0-3 Outreach Project, and Project RHISE/Outreach, are federally funded through the Handicapped Children's Early Education Program (HCEEP) to provide outreach services to professionals who serve birth to three children with handicapping conditions and their families. Outreach funding enables projects to share their project models and to provide training to other programs. Services offered by the individual outreach projects include adoption of the project model or model components, workshops, inservices, staff development, consultation, awareness presentations and written materials.

ILLINOIS FIRST CHANCE CONSORTIUM

The projects represented at the Third Illinois Birth to Three Symposium are all members of the Illinois First Chance Consortium and are all funded by the Office of Special Education Programs, as HCEEP First Chance projects. The projects are both outreach and demonstration projects. Demonstration projects provide direct services to children for three years as they develop their model. They then submit for funding as outreach projects.

The Illinois First Chance Consortium was formed in 1978 with the purpose of coordinating the individual First Chance projects efforts to achieve their goals within the state. The primary goal of the Consortium is to improve the quality and quantity of services to young handicapped children in the State of Illinois through cooperative, coordinated efforts.

Since the formation of the Consortium, efforts have expanded in the areas of community awareness and education, stimulating programs to improve existing services, professional training and development, and impacting decision makers with the benefits of early intervention. The Consortium has established a strong working relationship with the Illinois State Board of Education through Lynn Moore, the Special Education Specialist for Early Childhood Program and representative to the Consortium.

****

The Outreach: Macomb 0-3 Project, Peoria 0-3 Outreach Project, Project RHISE/Outreach, Illinois First Chance Consortium, and Illinois State Board of Education cordially invite you to the Third Illinois Birth to Three Symposium.

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THIRD ILLINOIS BIRTH TO THREE SYMPOSIUM:

FUNCTIONAL STRATEGIES FOR EARLY INTERVENTION PROGRAMS

CONFERENCE AGENDA

Thursday, May 17

8:00- 9:00	Registration
9:00-11:30	"The Broader Impact of Intervention: Assessing Family Stress and Support" Marie Bristol, Investigator, Frank Porter Graham Child Development Center, Research Assistant Professor, Department of Psychiatry. University of North Carolina,
11:30- 1:00	Luncheon "Illinois State Board of Education Update" Lynn Moore, Special Education Specialist for Early Childhood Programs "Overview of Illinois Governor's Planning Council for Developmental Disabilities Study of the State of the Art of Birth to Three Programs in Illinois" Patricia Hutinger, Macomb Projects Director and Professor of Early Childhood Education, Western Illinois University, and Richard Rundall, Project Coordinator
1:00- 3:00	Session I--Four Concurrent Sessions
3:00- 3:30	Break
3:30- 5:30	Session II--Four Concurrent Sessions
5:30- 6:30	Cash Bar and Informal Discussion Hour with Lynn Moore, Patricia Hutinger, and Richard Rundall

Friday, May 18

8:00-10:00	Session III--Five Concurrent Sessions
10:00-10:30	Break
10:30-12:30	Session IV--Five Concurrent Sessions
12:30- 1:30	Buffet Luncheon in Holidome with Topical Discussion Tables
1:30- 3:30	Session V--Five Concurrent Sessions
3:30- 4:00	Symposium Evaluation/Wrap-Up

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Session I (Thursday, 1:00-3:00)

IA "New Directions in Early Intervention Research"
Arnold Sameroff, Project Director
The Chicago Intervention Project, Illinois Institute for the Study of Developmental Disabilities

IB "Prevention and Clinical Intervention in the Lives of Parents and Their Infants/Toddlers"
Judy Bertacchi, President
Illinois Infant Mental Health Association

IC "Effective Home-Based Programs for Infants"
Sue Marshall, Training Coordinator
Mary Strode, Evaluator/Trainer
Outreach: Macomb 0-3 Project
Western Illinois University

ID "Integration of NDT/Principles in Educational Settings"
Char Slezak, Special Educator
Early Childhood Research and Intervention Program, Illinois Institute for the Study of Developmental Disabilities

Session II (Thursday, 3:30-5:30)

IIA "New Directions in Early Intervention Research" (repeat session)
Arnold Sameroff, Director
The Chicago Early Intervention Project, Illinois Institute for the Study of Developmental Disabilities

IIB "A Social Work Perspective on Families with Handicapped Infants and Toddlers"
Damon L. Lamb, Director
Beverly Kopper-Roland, Social Worker
Project FINIS--Outreach

IIC "A Functional Curriculum Designed to Meet Child and Family Needs"
Sue Marshall, Training Coordinator
Mary Strode, Evaluator/Trainer
Outreach: Macomb 0-3 Project
Western Illinois University

IID "Alternative Communication Programming for Hearing- or Communication-Impaired Infants"
Diane Pien, Director
Kathy Merrick, Language Pathologist
Project LETS
Siegel Institute, Michael Reese Hospital

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Session III (Friday, 8:00-10:00)

IIIA "Sensory Integration for Children With Learning Disabilities/
Minimal Brain Dysfunction: An Overview"
Catherine Genetti, Occupational Therapist
Peoria School of Medicine

IIIB "How to Cope without a Social Worker"
Sylvia Clark, Social Worker
Project LETS
Siegel Institute, Michael Reese Hospital

IIIC "Language Development: An Educational Approach"
Moneta Devine, Training Consultant
Project RHISE/Outreach
Coordinator, Early Intervention Program
Children's Development Center

IIID "Stimulating Vision in the Birth to Three Population"
Rhonda Wiczer Washer, Educational Vision Specialist
Consultant, Peoria Association for Retarded Citizens

IIIE "Project ACTT: Activating Children Through Technology: Use of
Microcomputer Technology With Young Handicapped Children"
Lori Perry, Child Development/Computer Specialist, Project ACTT
Linda Robinson, Child Development/Computer Specialist, Project ACTT
Bonnie Smith-Dickson, Macomb Projects Coordinator
Western Illinois University

Session IV (Friday, 10:30-12:30)

IVA "Integration of NDT/Principles in Educational Settings" (repeat session)
Char Slezakac, Special Educator
Early Childhood Research and Intervention Program
Illinois Institute for Developmental Disabilities

IVB "Theraplay with Young Handicapped Children: Healing the Emotional
Wounds for Parents and Child"
Phyllis Booth, Theraplay Trainer
Theraplay Institute

IVC "The Rural Infant Educational Program: Problems with Educational
Service Delivery in a Very Rural Area"
Larry Eno, Director
Donna Best, Trainer
Project RIEP: Rural Infant Education Program

IVD "Developing Augmentative Communication Skills in Nonverbal Children
Birth to Three"
Ellen Cantrell, Alternate Communications Specialist

IVE "Decision Making in Baby Doe Situations"
William Hayden, Pediatrician and Neonatologist
Associate Director, Neonatal Intensive Care Unit
St. Francis Medical Center

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Session V (Friday, 1:30-3:30)

VA "Sensory Integration for Children with Learning Disabilities/ Minimal Brain Dysfunction: An Overview" (repeat session)
Catherine Genetti, Occupational Therapist
Research Associates
Peoria School of Medicine

VB "Dealing with Behavioral Issues in Young Children"
Mike Lewis, Director
Warren Achievement School
Dennis Sykes, Coordinator
Resource Access Project
Colonel Wolfe School

VC "Six S's of Parent Involvement: (Life) Styles, Status, Stress, Support, Strategies, and Systems"
Steven L. Smith, Director
Project RHISE/Outreach
Children's Development Center

VD "Recognizing and Facilitating Feeding Patterns in Handicapped Young Infants and Children"
Beth Brown, Coordinator
Gail Buehl, Motor Development Specialist
Peoria 0-3 Outreach Project

VE "What Makes an Exemplary Early Intervention Program"
Merle Karnes, Projects Director and Professor of Education
Project PEECH (Precise Early Education for Children With Handicaps)
Project RAPYHT (Retrieval and Acceleration of Promising Young Handicapped and Talented)
University of Illinois

Hotel Information

A block of rooms is being held at the Holiday Inn-Brandywine, 4400 North Brandywine, Peoria, Illinois 61614 for symposium participants. Please write or call Holiday Inn-Brandywine to make reservations. Phone number is 309/686-8000. Indicate symposium attendance to get conference rates.

Holiday Inn-Brandywine Room Rates

Single: $45 + tax
Double: $51 + tax (additional people at no extra charge)

The Red Roof Inn, 4031 North War Memorial Drive is in close proximity to the Holiday Inn-Brandywine. The phone number of Red Roof Inn is 309/685-3911. Single rooms are $26.22; double rooms are $33.78.

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THIRD ILLINOIS BIRTH TO THREE SYMPOSIUM
FUNCTIONAL STRATEGIES FOR EARLY INTERVENTION PROGRAMS

May 17-18, 1984
Holiday Inn-Brandywine
Peoria, Illinois

Pre-Registration Form

*Complete the requested information
*Detach this form
*Registration fee of $35 (includes two lunches)
*Send form and check payable to the Birth To Three Symposium
Attn: Patti Able
Peoria 0-3 Outreach Project
320 East Armstrong Avenue
Peoria, Illinois 61603
Phone: 309/672-6358

*REGISTRATION DEADLINE: MAY 1, 1984

*Conference limited to 200 participants
*To inquire about available registration after May 1, phone Patti Able, 309/672-6358
*Written requests for refunds must be received by May 10, 1984
*For further information phone Steve Smith: 815/965-6745 or Bonnie Smith-Dickson: 309/298-1634

PARTICIPANT INFORMATION:

Name ______________________

Address ______________________

____

Phone ____________

TITLE OR POSITION

Parent/Guardian ___
Teacher (0-3) ___ (3-5) ___
Administrator ___
Allied Professional ___
Teacher/Trainer ___
Other ______________

An indication of your attendance preference is requested. This is not a registration for particular sessions, rather an indication to the conference committee of necessary room arrangement. Please check one presentation in each session that you will be attending.

(Thursday) Session I	(Thursday) Session II	(Friday) Session III	(Friday) Session IV	(Friday) Session V
IA	IIA	IIIA	IVA	VA
IB	IIB	IIIB	IVB	VB
IC	IIC	IIIC	IVC	VC
ID	IID	IIID	IVD	VD
		IIIE	IVE	VE

Outreach: Macomb 0-3 Project
27 Horrabin Hall
College of Education
Western Illinois University
Macomb, IL 61455

Non-Profit Organization
U. S. POSTAGE
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Macomb, Illinois 61455
Permit No. 489

Administrator
McDonough Cty Rehab Ctr
900 South Deer Road
Macomb IL 61455

Brochure Excerpt

A VERY SPECIAL ARTS FESTIVAL IS.....

Planned as a celebration of the artistic skills and abilities of handicapped people, this VERY SPECIAL ARTS FESTIVAL in west central Illinois is taking steps to bring to the attention of the general public the importance of beauty in the lives of people...including those who are handicapped. Horrabin Hall, Western Illinois University, Macomb, Illinois, has been selected by the Illinois State Board of Education and the National Committee Arts for the Handicapped to host A VERY SPECIAL ARTS FESTIVAL.

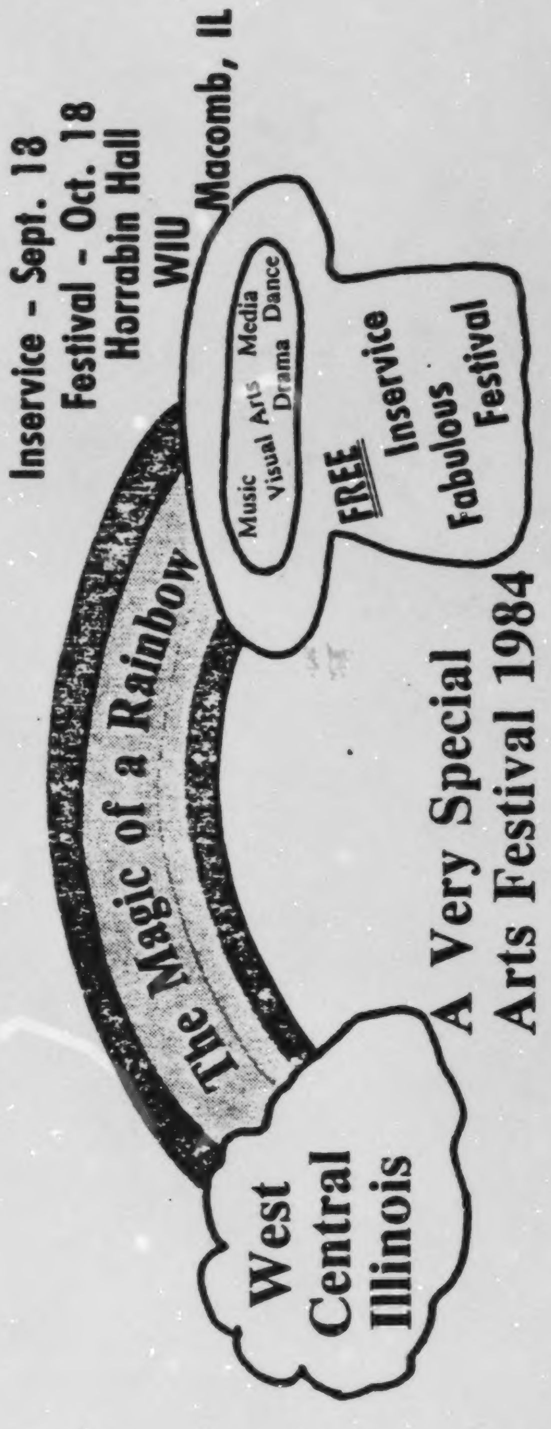
The National Committee Arts for the Handicapped (NCAH) includes artists, administrators, educators, and parents working to ensure the right of all persons to participate in and enjoy the beauty of our cultural heritage. We are realizing more and more that handicapped people have a definite love of art of all forms (music, dance, drama, media, and visual arts). Art may allow an individual who is handicapped to find his or her area of strength and to reinforce and build upon it. Thus, the person is enabled to achieve a vital, positive self image. This process is infinitely more important than the product that is created. Every person has the potential for talent, a capacity for creativity, and a right to enjoy to the fullest the beauty and vitality of the arts. For those who have never been to A VERY SPECIAL ARTS FESTIVAL, it is an experience worth sharing.

NATIONAL COMMITTEE
ARTS FOR THE HANDICAPPED
Jean Kennedy Smith

1984 ILLINOIS FESTIVAL COORDINATOR
Roberta Volkmann - ISBE

WEST CENTRAL ILLINOIS
VERY SPECIAL ARTS FESTIVAL
Executive Committee
Doris Chaffee/Jean Stockham, Co-Chairpersons

Dick Law	**Ernie Pruett**
Bonnie Smith-Dickson	
Mary McMahon	**Carl Fenn**
Marilyn Wendt	**Arthur Hasbargen**
Sue Marshall	**Carol Johnson**
Chris Hawkinson	**June Bath**


Inservice - Sept. 18
Festival - Oct. 18
Horrabin Hall
WIU
Macomb, IL
Music
Visual Arts
Media
Drama
Dance
FREE
Inservice
Fabulous
Festival
The Magic of a Rainbow
A Very Special
Arts Festival 1984
West
Central
Illinois

LEARN ABOUT:
Recent research,
parent involvement,
new curriculum and methods,
approaches with minority populations,
transition between programs,
and rural programs.

FIFTH ANNUAL MONTANA SYMPOSIUM ON EARLY EDUCATION AND THE EXCEPTIONAL CHILD

"Learning from Children"

April 11-13, 1984
Sheraton Hotel
Billings, Montana

Sponsored by:
- Institute for Habilitative Services
- Eastern Montana College
- Office of Public Instruction
- Montana University Affiliated Programs

Brochure Excerpt

SYMPOSIUM PROGRAM

April 11, 1984 - Wednesday

3:00-6:00 pm	**Registration**
4:00-6:00 pm	**Concurrent Sectionals**
	"Assessing and Facilitating the Cognitive Abilities of Infants and Toddlers in Early Intervention Programs" Susan Marshall, Training Coordinator, Macomb 0-3, Macomb, IL
	"Teaching Proficiency in the Classroom: Integrating What to Teach, How to Teach and How to Manage Behavior" Dr. James Jacobs, Special Education, University of Wyoming, Laramie, Wyoming
6:30-7:00	Project Overview
6:30-7:30 pm	**Concurrent Sectionals**
	"The Parent Center" Marian F. Baldwin, The Parent Center, Idaho Falls, Idaho
	"Doug: A Case Study" Dr. Susan Workman, Montana State University, Bozeman, Montana
	"The Effect of Prompt Coaching in Remedial Instruction with First Grade Readers", Dr. Barbara Walker, Reading Center, Eastern Montana College
7:30 pm	Welcome: Dr. Christine Mason
	Keynote: Dr. Doug Guess, "Allowing the Child Greater Participation in the Education Process" University of Kansas
9:00 pm	Social: No Host

April 12, 1984 - Thursday

8:00 a.m.	**Registration and Continental Breakfast**
8:45 am	**Welcome**
9:00 am	**Keynote: "Involving Parents in Selecting and Implementing Educational Goals" Dr. Lisbeth Vincent, University of Wisconsin**
10:15 am	**Break**

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Brochure Excerpt

INTERACT

THE NATIONAL COMMITTEE FOR VERY YOUNG CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES

BRINGING IT ALL TOGETHER

March 29, 30, 31, 1984
DOUBLETREE HOTEL
10100 College Boulevard
Overland Park, Kansas 66210

CONFERENCE

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INTERACT CONFERENCE
MARCH 29, 30, 31, 1984

- MONTEREY -	HOUSTON	TUCSON	PHOENIX
e Paden s Woodruff ging it all Together"			
REGISTRATION - TEA, COFFEE AND ROLLS			
l Blackburn ssioner of Education, Kansas able John Carlin nor of Kansas : Ann Turnbull, Ph.D. "Accentuating Family Strengths: A Systems Perspective"			
TEA AND COFFEE			
arent- ip for " - R.N.,	"Educating Physicians in Developmental Disabilities Sarah McCammon, R.D., M.S. "Pediatric Dentistry" - Robert Boraz, D.D.S.	"The Law and the Handicapped Infant"-Rutherford Turnbull, Ll.D., Ll.M. "Kansas Reaches for Comprehensive Services: Governor Carlin's Task Force - Marla Mack	"Functional Curriculum for Infants" - Patti Hutinger, Ph.D.
Interact" - Geneva Woodruff Chris Curry			
and .D.	"Project ACCESS: Focus on Follow-up and Intervention" - a progress report. Rochelle Mayer	"Community Linkages" - Sandra Gautt, Ph.D.	"Gaze Aversion as an Indicator of Social Development Patricia Self, Ph.D. "Patterns of Social Interactions of Multiply Handicapped Infants" Kathleen McCartan, Ph.D.
SOFT DRINKS			
ress in , Ph.D.	"Severely Disabled Children Facilitating Progress through Positioning and Therapeutic Techniques" - Betty Sanders, P.T.	"Guiding a Program Through Crisis," an Interactive Workshop - Jane Hochman, Ed.D.	"Communication Language Intervention for Rural Families" - Lee McLean, Ph.D. Speech Clinician
ool to the Country Club Plaza and Old Westport for dining, shopping, and surrey rides			
COFFEE, TEA AND ROLLS			
cations of the 'Baby Doe' and ' issues" - M.D. ton, Ph.D., School Psychology s, Ph.D., School Policy and Admin.			
, Model of ent in Programs"	"Intervention for the Chronically Ill Hospitalized Infant" - [illegible]ebecca Mitchell, O.T.R.	"Transdisciplinary Service Delivery" - Geneva Woodruff, Ph.D.	"Use of Microcomputers by Young Physically Handicapped Children" - Judy Nova[illegible].D.

PREVIEW

Summary of DEC Sessions
CEC Annual Convention
Washington, D.C., April, 1984

*Note: This listing includes only session leaders; for space reasons, we could not include individual topics and presenters within sessions.

Tuesday, April 24

8:45 - 10:15	Enhancing Parent-Infant Interactions. Session leader: Janet Greenwood
8:45 - 10:15	Spotlight on Early Intervention Programs in the U.S., Part I. Session leader: Patricia Hill.
8:45 - 10:15	The Diagnostic Nursery: A Six Week Model for Assessment and Intervention with the Preschool Handicapped Child. Session leader: Barbara Menzel.
10:30 - 12:00	Training Personnel to Work with Young Handicapped Children. Session Leader: Toni W. Linder.
10:30 - 12:00	A Model Program for Young Gifted/Talented Handicapped: Adaptations for Special Populations and Innovations in Assessment and Dissemination. Session leader: Merle B. Karnes.
10:30 - 12:00	Spotlight on Early Intervention Programs in the U.S., Part II. Session leader: Sheila Wolfe.
10:30 - 12:00	Early Childhood Research: Issues in Evaluation. Session leader: Glendon Casto.
1:15 - 2:45	Preschool Services in Rural Areas. Session leader: Evangeline Moncayo.
1:15 - 2:45	Mainstreaming Experiences with Preschool Children. Session leader: Barbara K. McCloud.
1:15 - 2:45	Networking—A Megatrend in Early Childhood Education. Session leader: Bob Kibler.
3:00 - 4:30	Transdiciplinary Approaches to Assessment and Intervention for Young Handicapped Children. Session leader: Judith Thiele.
3:00 - 4:30	Strategies for Assessing Child Progress in Early Intervention Programs. Session leader: Steven Hooper.
3:00 - 4:30	Networks Supporting Families of Young Handicapped Children. Session leader: Vaughan Stagg.
5:00 - 6:30	DEC BUSINESS MEETING AND PROGRAM.
6:30 - 7:30	CASH BAR

Brochure Excerpt

Wednesday, April 25

1:15 - 2:45	A Developmental Approach to Teaching Techniques in Early Childhood Special Education. Session leader: Cordelia Robinson.
3:00 - 4:30	A Model-Building Approach to Developing Program and Birth-6 Teacher Competencies. Session Leader: Patricia Hutinger.
7:00 - 8:30	Young and Special: Demonstrated Effectiveness of a Practical Approach to Early Childhood Mainstream Training. Session leader: Crystal E. Kaiser.
7:00 - 8:30	Working with "Difficult" Parents of Preschool Children. Session leader: Kay Lund.

Thursday, April 26

8:45 - 10:15	Innovative Practices for Teaching Handicapped Preschoolers. Session leader: Robert Monahan.
8:45 - 10:15	Early Identification and Assessment of Young Children with Handicaps. Session leader: Vivian Correa.
10:30 - 12:00	Facilitating Academic Readiness and Social Skills in Handicapped Preschoolers. Session leader: Vey M. Nordquist.
10:30 - 12:00	Services for Young Handicapped Children: Interagency Collaboration in an Era of Retrenchment. Session leader: Donald Wertlieb.
1:15 - 2:45	Assessment and Early Intervention: Research Findings. Session leader: Tom Koch nek.
3:00 - 4:30	Assessing Cognitive Abilities of Infants and Toddlers in Early Intervention Programs. Session leader: Sue Marshall.
3:00 - 4:30	Facilitating Language Learning in Young Children. Session leader: Joyce Johnstone.

Friday, April 27

10:30 - 12:00	The Early Childhood Center. Session leader: Patricia Hiles.
10:30 - 12:00	The Young Handicapped Child and the Family. Session leader: Judy Adams.
1:15 - 2:45	Improving Service to Preschool Handicapped Children Through Parent Training. Session leader: Elouise Jackson.
3:00 - 4:30	Early Intervention Efforts: A Report from the States. Session leader: Brian McNulty.

Share your Ideas in DEC's Journal

A new feature of the *Journal of the Division for Early Childhood* will be initiated in the next issue of the journal, entitled *Innovative Teaching Tips*. You are urged to share creative ideas with our readers that you have found to enhance your program for young handicapped children. Such ideas might include: innovative classroom activities or procedures, child management procedures, working with families, evaluating child progress, use of volunteers. Your submission should be limited to no more than one and one-half double-spaced typewritten pages. Provide your name, title or position and location as you wish it to appear in the publication. Selection will be made on the basis of clarity of presentation, uniqueness of ideas and appropriateness for the young handicapped population. Send two copies of your submission to:

Dr. Iva Dene McCleary
Assistant Professor
Department of Special Education
University of Utah
Salt Lake City, Utah 84112

STATE FEDERATION DIVISIONS FOR EARLY CHILDHOOD TO MEET AT CEC

Presidents and members of State Federation DEC's are invited to attend a special meeting to be held one hour before the Annual Business Meeting on Tuesday, April 24, at 4:00 pm.

At the Annual Business Meeting new State Federation Divisions for Early Childhood will receive a certificate which will formally recognize them as affiliated with National CEC/DEC.

In addition, Presidents or their representatives are invited to attend the DEC Board meeting which will be held on Monday afternoon, April 23; a notice will be posted.

Please plan to come to Washington, D.C. in the spring and to attend the Board Meeting, Special Meeting and Business Meeting if at all possible. We look forward to the continued growth of the State Federation Divisions and to a more formal and supportive relationship between the National and State Divisions.

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Outreach Training Announcements

Announcement

(1)

UWEC | University of Wisconsin-Eau Claire
Eau Claire, Wisconsin 54701

Department of Special Education

E T N # 279 (3419) May 3 and May 10, 1984
THURSDAYS: 4:00 to 5:20 P.M.

This is the last program in a series of E T N programs designed to assist professionals and parents concerned about young disabled children. Many of the programs have focused on topics which obviously have broader implications than merely the disabled young child, and this current program is no exception.

Dr. Hutinger will be on the telephone line from Illinois, hooked-up to the E T N telephone system operated by U. W. Extension. Most of us realize the convenience for all of us to not to have to drive long distances to participate with professionals having information to share with us. Today's program (May 3 and 10) we are welcoming Dr. Hutinger, and thanking her in advance for contributing her time and effort to assist all of us in understanding how we might make the issue of transitioning less traumatic for young children, disabled or not.

Please return the evaluation sheet at the conclusion of the second program - we have provided you with a postage paid envelope to assist in getting the material back to us.

Dwayne D. Peterson, Ed.D.
Associate Professor
(715) 836 2175

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AN INVITATION

TO JOIN US AND OTHER EARLY INTERVENTIONISTS

AT HORN LODGE AND RECREATION AREA
WESTERN ILLINOIS UNIVERSITY, MACOMB, ILLINOIS

AUGUST 27-29, 1984

FOR A TWO AND ONE-HALF DAY INTENSIVE TRAINING SESSION ON SHARING CENTERS AND WADE

Training Schedule

August 27	2:00- 4:00	Guests arrive
	5:00- 6:30	Dinner at Horn Lodge
	6:30- 8:30	Training on WADE
	8:30-10:00	Social time
August 28	8:00- 9:00	Breakfast
	8:30-12:00	Sharing Center training
	12:00- 1:00	Lunch
	1:30- 5:30	Sharing Center training
	6:30	Dinner
August 29	8:00- 8:30	Breakfast
	8:30- 9:30	Prepare for Sharing Center
	10:00-12:00	Sharing Center
	12:00-12:30	Clean-up
	12:30- 2:00	Lunch and Discussion/Evaluation

Registration fee: $35 per person (includes lodging, four meals, training materials, and recreation)

Accomodations: Horn Field Lodge has cabins and shower facilities which we have reserved. If you prefer to stay in a motel, we can make arrangements for you.

Transportation: Air travel via Chicago or St. Louis to Peoria, Burlington, Iowa, or Moline, Illinois.

REGISTRATION-SHARING CENTER/WADE TRAINING

NAME(S) ______________________________

____

AGENCY/ADDRESS/PHONE ______________________________

____

HOME PHONE ____________________

TRANSPORTATION ______________________________

PLEASE ENCLOSE $35.00 registration fee per person and return to the Macomb Office by: JUNE 11, 1984

College of Education • 27 Horrabin Hall • Western Illinois University • Macomb, IL 61455 • 309/298-1634

SPECIAL MEMO

To: Region 1:
Parent Infant Educators
Infant teachers
Child Development Specialists
Program Directors
Executive Directors

From: Outreach: Macomb 0-3 Project and Project RHISE/Outreach

Re: Infant Curriculum Workshop, August 7, 8, & 9, 1984

The Outreach: Macomb 0-3 Project and Project RHISE/Outreach in cooperation with Children's Development Center in Rockford are jointly conducting an intensive three-day workshop on infant curriculum. This workshop has been specifically designed for birth to three service providers who work with developmentally disabled, developmentally delayed, or at risk infants and young children. The workshop has been designed and organized to give participants indepth training and practice with three distinct approaches to infant curriculum. The three approaches which will be covered include:

1. The Macomb 0-3 Core Curriculum
2. Sensorimotor Curriculum
3. Teaching Activities for Parents (TAP)

The Macomb 0-3 Core Curriculum is a comprehensive, functional curriculum guide for working with developmentally disabled, at risk, and developmentally delayed children who are functioning in the birth to three age range. The Sensorimotor approach to assessment and curriculum developed at Meyer Children's Rehabilitation Institute will be presented. Teaching Activities for parents was developed at Child Development Resources in Lightfoot, Virginia and is a parent-focused curriculum.

This intensive learning opportunity will be conducted August 7, 8, and 9 at Children's Development Center, 6[illegible] North Main Street, Rockford, Illinois. Workshop sessions will begin at 8:30 a.m. and conclude around 3:30 p.m. each day, with an hour lunch break.

In order to make this a meaningful learning experience for participants, registration will be limited to 30 individuals. Registration is free of charge to service providers from Region 1. To register or to obtain more information contact:
Steven Smith, Project RHISE/Outreach, 815/965-6745 or
Sue Marshall, Outreach: Macomb 0-3 Project, 309/298-1634

A tentative agenda is enclosed for your information.

Outreach Training Agendas

MODEL REPLICATION TRAINING

OMAK, WASHINGTON

AUGUST 20 - 22, 1984

AGENDA

****

Monday, August 20

AM Introductions
- Program Review
- Baby Buggy Materials
- Review Training Manual

PM Macomb Model Overview:
- HCEEP
- What is rural?
- Basic Assumptions
- Undifferentiated Staffing Pattern
- Philosophy
- Project Components--View Slide-Tape
- JDRP Data
- Replication

Home Visit Component
- Basic Assumptions
- Review--Our House Or Yours
- Review--Assessment, Intervention, Reassessment Procedures in Home Visits
- Parent Orientation
- Infant Intake
- Systematic Observation
- HOME--Home Observation of the Environment
- Parent Behavior Progression

Tuesday, August 21

AM Visualization Activity
- Being a Sensitive Interventionist
- Family Systems Theory
- Parent Readiness Levels
- View--Parent Involvement in the Home Visit Video
  - Discussion
- Review--Parent Needs Packet, Techniques on Home Visits
- Parent Orientated Curriculum--TAP-Teaching Activities for Parents
- "Surviving the First Three Years"

Sharing Center Component
- Basic Assumptions, Goals and Objectives
- View--Slide Tape
- Needs Assessment
- Sharing Center Elements/Planning Guide
- Scheduling
- Designing Play Environments
- Sharing Center Activities
- Play Interaction Data
- Staff Planning and Evaluation (Formative and Summative)
- Parent Evaluation
- View--Sharing Center Videotapes
- Discussion

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Tuesday, August 21 Con't

PM Core Curriculum Component
- Objectives or Activities?--Group Exercise
- Overview of Curricula for 0-3
- Functional Curricula/Activities
- Discriminating Between Goals, Objectives, and Activities
- Child Development Slides
- Group Exercise--Purposes of Activities
- Group Exercise--Developing Activities for Objectives
- Program Planning
- Behavioral Objectives
- Macomb 0-3 Core Curriculum Overview:
  - Gross Motor, Fine Motor, Cognition, Communication, Social, Self Care
- Small Group Activity--View video, Infant Toddler Development, observe and collect data on development using Core Curriculum Age Reference Charts
- Using Program Planning Guides

Wednesday, August 22

AM Overview Screening, Diagnosis, Assessment

Review--Washington State SPI ECSP Assessment Recommendations

Review--*Illinois Early Childhood Assessment Recommended Practices and Procedures*
- Parent Involvement in the Assessment Process
- Adaptations for Assessing Young Handicapped Children

Review Selected Assessment Instruments
- Steps-Up Screening
- Developmental Reflex Test
- Peabody Developmental Motor Scales
- Birth to Three Developmental Scales (Bangs)
- Sequenced Inventory of Communication Development (SICD)
- Auditory Comprehension of Language (ACL)
- Evaluation and Programming System (EPS)

PM Sensorimotor Assessment
- Group Exercise
- Piagetian Overview
- View Slide Tape--Physical Knowledge
- Characteristics of the Sensorimotor Stage
- Impact of Handicaps on Sensorimotor Development
- Overview on the Uzgiris-Hunt Scales
- Sensorimotor Assessment Procedures for Administration and Scoring Scales (a la Dunst and Uzgiris-Hunt)
- Review of Sensorimotor Scale Items
- Interpetation of Results
- Uzgiris-Hunt/Core Curriculum Cross Referencing System
- Group Exercise

Program Evaluation Component
- Introduction/Purposes
- Child Evaluation
- Parent Evaluation
- Staff Evaluation

Dissemination

Closure/Evaluation of Training

RAP - Headstart Conference
October 7, 1983
Title: Use of Assessment Instruments and Techniques
Presenter: Sue Marshall: Training Coordinator
Macomb 0-3 Regional Project

Objectives:

Participants in this workshop session will acquire the following:
Knowledge of the assessment process in programs for young children.
Knowledge of and the ability to differentiate and appropriately use norm referenced and criterian referenced lists.
Knowledge of types of test adaptation for children with impairments.
Knowledge of procedures and techniques to use when assessing young children.
Knowledge of the content and use of selected developmental checklists: Bugance

Agenda:

Introductions
What is assessment process in programs for young children? How does it differ from the screening and diagnosis process?
Test Development:
  Components of an assessment instrument.
  Norm Referenced vs. Criterian referenced tests
Review components/use of:
  Portage
  LAP - Early LAP
  Brigance
Test Adaptations
Parent involvement in Assessment/Programming
Group activity: Using criteria to evaluate developmental checklists
Large group sharing session
Closure/evaluation

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Model Replication Training

St. Peters Missouri

December 5/6 1983

AGENDA

Monday, Dec. 5

10:00-12:30 Introductions - Site Update
- Overview-Macomb 0-3 Project Components
- Discussion
- Slide/Tapes
- Videos
- Review of Training Manual and Your House or Ours
- Brief Review of JDRP Report
- Questions

12:30-1:30 Lunch

1:30-5:00 Developing a Referral System:
- Establishment of a High Risk Registry
- Video: St. Francis Follow-Up Screening Assessment
- Public Awareness Strategies BRAINSTORMING
  - Project Logo
  - Brochure
  - Abstract
  - PSA's
- Developing an Advisory Council
- Working with the Medical Community
- Review Child Find Manual

Assignment: Rank CDS Competencies
- Peruse Core Curriculum

Tuesday, Dec. 6

9:00-12:00 GOOD MORNING!
- Discuss Competencies
- Use of Assessment Instruments:
  - Alpern-Boll Developmental Profile
  - Denver Developmental Screening
  - Steps-Up Screening
- Activity: Developing Goals, Objectives and Activities
- Overview Curricula Development
- Overview Macomb 0-3 Core Curriculum
  - Review of Introductory Material
  - Use of Program Planning Guides
  - Activities and Adaptations
  - Individual Child and Family Needs Program

12:00-1:00 Lunch

1:00-2:30 Funding Issues and Strategies
- Closure:
  - Discussion
  - Date/Content of Next Training
  - Evaluation of Training

WADE TRAINING SESSION

August 27, 1984
Horn Lodge

AGENDA

****

6:30 Introductions/Agenda Review

6:45 Intro/Overview - WADE

View slide-tape

Review: "Water Activities to Enhance Development for Handicapped and High Risk Infants"

"Beginning in the Bathtub" - Parents Magazine

"Do You Recommend Swimming?" - Parents Forum

Organizing a Water Program

Review Handouts:
- Needs Assessment
- Medical Release
- WADE Planning Guide
- Evaluation Forms
  - WADE Participation
  - "Fish" - Parent Evaluation
  - Replication Evaluation

Infant Guidelines - YMCA

WADE Activities

7:45 Judy Strong, Physical Therapist (Videotape)
- Water Preparation
- Therapeutic Effects of Water Activities
- Positioning and Handling
- Equipment
- Water Activities for Children with Various Handicaps

SHARING CENTER TRAINING

August 28-29, 1984

Horn Lodge

Tuesday, August 28, 1984

9:00 Intro/Overview - Sharing Center
  View slide/tape
  Review: Sharing Centers: An Overview of the Component and Curriculum

Planning and organizing a Sharing Center
  Needs Assessment
  Planning outline
  Planning/Evaluation
  About parents: Readiness levels
    Characteristics of Adult Learners

Activities for Children
  Activities Using Paints, Grains, Sand
  In the Beginning . . .
  Creative Experiences
  Planned Discrepancies
  Baby Buggy #123 - Kit Concept
  Play Interaction Sheet

Evaluation: Evaluation of Sharing Center
  Evaluation of Sharing Center
  Rate a Center
  Parent Questionnaire

12:00 Lunch

1:15 Planning a Sharing Center

1:30 Getting to know the children

2:30 Break

2:45 Planning Wednesday's Sharing Center

Wednesday, August 29, 1984

8:30 Prepare for Sharing Center

10:00 Sharing Center

11:30 Lunch (as part of the Sharing Center)

12:30 Clean-up
Wrap-up Discussion/Evaluation

Replication Training
Chauncy, Ohio
September 4-7, 1984

AGENDA

Wednesday, September 5

Introductions

Program Review

Establishing a Referral System

Working with the Medical Community

Sharing Centers

Thursday, September 6

Program Review--Home Visits

Review of Home Visit Information in Training Manual

Referral Procedures/Family Orientation

Assessments

Program Review--Core Curriculum

Overview

Review of Program Planning Guides

Review of Age Reference Charts

Friday, September 7

Family Systems Theory

View video--'Gifts of Love"

Review--"Surviving the First Three Years"

Materials Display/Sharing Session

Closure and Evaluation

Core Curriculum Training Workshop
February 29, 1984

Objectives/Agenda

Objectives:

-Review content of Core Curriculum
-Through observation and interaction with children and caregivers, and through the use of the Program Planning Guides and Age Referenced Charts, summarize a child's level of overall development
-Learn to develop a language sample and calculate Mean Length Utterance
-Discuss individual's questions concerning curriculum use
-Discuss screening programs and use of the Denver Developmental Screening Instrument (if time)

9:00-9:30	Arrival, welcomes, beverages, snack-Atrium Discussion of day's activities Explaination of Age Referenced Charts Development of a Language Sample/MLU (Mean Length Utterance)
10:00-15	Set up in Observation Room Observation, Interaction with Children
11:00	Move to Gymnasium Observation and Interaction with Children
11:30	Observation of Mealtime Discussion with Service Providers
12:15	Pizza and Discussion
1:00	Summarize Individual Child's Development (with team member) Development of an Individualized Plan
1:30-45	Team Discussion of each Child with Group
2:15-30	Curriculum Question and Answer/ General Discussion
3:00-3:15	Closure/Evaluation
3:30-4:30	Individual Consultation on Screenings View DDST Film

AGENDA

Progress Resource Center Staff

Awareness/Consultation Sessions

March 12, 1984
11:00-3:00

11:00-11:30	Arrival, introductions, beverages, snack
11:30-12:30	Macomb 0-3 Model Overview Model Overview Slide-Tape Sharing Center Videotape Explanation Replication Procedures
12:30-1:30	Assessment in Macomb Model-A Review Steps-Up Screening Instrument Alpern-Boll Developmental Profile REEL-Receptive-Emergent Language Scale Usgiris-Hunt Scales of Cognitive Development Additional Assessment Instruments: ELM-Early Language Milestones Birth to Three Developmental Scales Callier-Azusa Scales
1:30-2:00	Stretch, talk, munch
2:00-3:00	Program Evaluation Procedures in Macomb Project
3:00-3:30	Overview of Macomb Core Curriculum
3:30 4:00	Closure/Evaluation

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Early Intervention 0-3 Workshop
Sioux Falls, South Dakota

April 6, 1984

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Facilitator: Sue Marshall
Training Coorinator
OUTREACH: Macomb 0-3 Project

- Agenda -

This Agenda will be reorganized to accommodate our attendance.

Morning Sessions

Welcome, Introductions

Overview Macomb 0-3 Project Components

- Model Development, Historical Perspective
- Home Visits
- Sharing Centers
- WADE-Water Activities for Developmental Enhancement
- Core Cirriculum
- Program Evaluation

Outreach Services, Replication

Overview Infant Curricula Development

Overview Macomb 0-3 Core Curriculum:

- Introduction - Philosophical basis
- Review Developmental Areas, Skill Sequences, Skill Areas, Activities, Adaptations

Break

Afternoon Sessions

Sharing Centers: An Effective Method to Involve Parents

All that you need to know to plan, implement, and evaluate Sharing Centers in your program.

Needs Assessment

- Inital planning
- Activities for children and parents
- Activities for parents
- Snacks
- Evaluation

Discussion

Closure on worshop
Evaluations

Utilizing Infant Curriculum Effectively
Workshop Sponsored by Children's Development Center
Conducted by Outreach: Macomb Regional 0-3 Project
Project RHISE/Outreach

8:30 - 3:30 Daily   Tuesday - Thursday, August 7 - 9, 1984

Day 1 - August 7

8:30-10:00	Overview Infant Curriculum Review various approaches Curriculum Syllabus	RHISE Mary Lindahl Maria Pace Steve Smith
10:00-10:15	Break	
10:15-12:00	Introduction to Macomb Core Curriculum	Macomb Sue Marshall
12:00-1:00	Lunch	
1:00 - 3:30	Training & Practice Macomb Core Curriculum	Macomb Sue Marshall

Day 2 - August 8

8:30 - 9:30	Developing Instructional Objectives	Macomb Sue Marshall
9:30 - 10:00	Practice with Infants and Parents with Macomb Curriculum	Macomb Sue Marshall
10:00-10:15	Break	
10:15-10:30	Discussion & Review	
10:30-12:00	Sensorimotor Assessment and Curriculum	Macomb Sue Marshall
12:00-1:00	Lunch	
1:00-3:30	Training and Practice Sensorimotor Curriculum	Macomb Sue Marshall

Day 3 - August 9

8:30-9:00	Sensorimotor Approach Review and Practice	Macomb Sue Marshall
9:00-9:30	Practice with Parents/Infants	
9:30-10:00	Discussion and Review	
10:00-10:15	Break	
10:15-12:00	Parent Curriculum, Teaching Activities for Parents - TAP Overview	RHISE Maria Pace Mary Lindahl Steve Smith
12:00-1:00	Lunch	
1:00-2:15	Training & Practice - TAP	RHISE Maria Pace Mary Lindahl
2:15-2:30	Break	
2:30-3:00	Practice with Parents & Infants using the TAP	RHISE Maria Pace Mary Lindahl
3:00-3:20	Discussion & Review	
3:20-3:30	Workshop Wrap-up, Evaluation & Feedback	

cb
7/13/84

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Minutes from meetings

SITE STAFFING
JULY 18, 1984

Present were: Cathy Cunningham, Marilyn Peterson, McDonough Ct. 0-3
Mary Strode, Sue Marshall, OUTREACH: Macomb 0-3

Agenda:

10:00 Hellos/Transition

Training/Review:
- PBP-Parent Behavior Progression
- HOME-Home Observation of the Maternal Environment
- EPS-Evaluation and Programming System

NOTE: Both Cathy and Marilyn responded positively to all the instruments and seemed to agree that they would be useful revisions of the Systematic Observation and Human Interaction Analysis as data could be used for evaluation purposes. Sue will follow-up with information on the EPS after meeting with Dale Gentry next month. Both the PBP and the HOME are available in the OUTREACH office.

11:30 Share materials with sites:
-Handouts from WADE training 1
-"Working in a Partnership"
*-Practical Parenting Newsletter
-Newspaper article on WIRCCA project
-Galledet Catalog
-Totline
-CIREEH Study
-Development Checklist from school district project (original)
-Upcoming conference
*-Kaplan Catalogue
-EPS form
NOTE: to be returned to the OUTREACH office

11:45 Misc.

Sharing Center training will be held for potential replication sites here in Macomb at Horn Lodge on August 27-29. Cathy and Marilyn have agreed to reschedule their Center for the 29th at Horn Lodge from 10:00-12:30/1:00.

OUTREACH will help provide transportation if necessary, provide materials for the Center (activities will be planned by trainees at the session on the 28th with help from OUTREACH staff and Cathy's and Marilyn's input), and provide salads for lunch for all at the Center on that day.

Mary will talk to Cathy the week of August 20-24 to get a list of the parents and children. We will all brainstorm some ideas for a Great Outdoors type of Sharing Center until that time.

Mary also asked if Cathy and Marilyn could send a copy of Child Summary forms for those children terminiated from their caseload for easier data collection. She also noted the need for a way to denote on that form the type of handicap and whether it is a severe, mild, or moderate delay. OUTREACH staff are concerned that children are not labeled at an early age, but want evaluation data to reflect true progress-something that is hard to discern from numbers only. Perhaps a coding system could be devised for types of handicaps and severity and a simple number/letter code placed on the summary form befor turning them in to the OUTREACH office. We'll think about this one and talk about it again soon.

12:00 Sack Lunch

1:00 Visit to Project SACK-lending library located at the Macomb Library

1:00 Good-byes

Next site staffing: to be held in conjunction with 0-3 Consortium in Sept.

Addendum: OUTREACH staff should be aware that the Macomb 0-3 program is looking for personnel to fill a part time position there. This person will work half time on 0-3 duties and half time on sustaining care. He/she should have a bachelor's degree in education, social work, etc. Also, there are two positions full time, in the 0-3 program in Canton continuation site. One position to replace Kathy Coker, and another to expand services in Fulton Ct.

MACOMB AREA INTERAGENCY COUNCIL

MINUTES: January 18, 1984

PRESENT:

Mary Slater.......................Western Illinois Regional Council
Becky Cobb........................Youth Service Bureau
Joe Mercurio......................Community Mental Health Center
Sue Marshall......................Outreach-Macomb 0-3
Bob Johnson.......................McDonough County Health Department
Marilyn Voss......................Birthright of Macomb
Larry L. Wachtel..................Cooperative Extension Service
Mary Ingrassia....................McDonough District Hospital

Mary Slater announced that WIRC is taking applications for the Weatherization Program. 76 homes in McDonough County will be weatherized. A home can receive weatherization funds only one time, but a person may apply again if they are in another home.

WIRC Program Reports

- Clothing Program-1718 W. Jackson (former Chop Shop) is open 8:30 a.m. - 11:30 a.m. Monday or by appointment. Persons can come directly to the store. They can complete applications at the store but they must bring proof of identity.

- IHEAP-Program still has funds available.

- Food Distribution-February 10th is the next food distribution at Wesley Church from 10:00 a.m. - 12:00 noon.

Bob Johnson of the Public Health Department clarified one aspect of the W.I.C. Program. An applicant must meet the income requirement and have a nutritional/medical need--income level alone is not enough.

Public Health has also received funds for a pilot project to fund Well Child Clinics, age 0-5. There will be four clinics during the first year. The first clinic will be January 19. The program is designed to assist parents above the D.P.A. financial guidelines but financially limited. Income guidelines are similar to W.I.C. Children will be accepted on a referral basis, primarily from Public Health cases with a few outside referrals. 10-15 children will be seen per clinic. Families must have a physician in order to participate. Contact person is Bonnie Bartlett.

Sue Marshall of Outreach announced that they have been asked by the Superintendent of Schools to assist in the development of a newsletter for new parents. The school district received a small grant for the project. The first meeting to develop the newsletter will be in January. A suggestion was made that Outreach coordinate with Project Sharing and Caring.

Marilyn Voss of Birthright reported that her group is greatly in need of beds and drapes. Any person having such items should contact Birthright.

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High Education Advisory Committee Minutes
March 9, 1984

Present

Susan Vogel	Barat College
Gail Harris	Saint Xaiver College
Carol Wren	DePaul University
Tosh Hisama	Southern Illinois at Carbondale
Rosemary Egan	Northeastern Illinois University
Donald C. Davis	Augustana College
Jane W. Blalock	Northwestern University
Barbra Lancelot	Illinois Institute for Developmentally Disabled
Shirley K. Morgenthaler	Concordia College
Martie Wynne	Loyola University
Robert A. Henderson	University of Illinois - Urbana
Patricia A. Atherton	Chicago State University
Randy Becker	Concordia College
Sister Marie Grant	Rosary College
Lynn Moore	ISBE - DSES
Patti Hutinger	Western Illinois University
C.G. McAndrews	Lake-McHenry Regional Program
Elma M. Leigh	Western Illinois University
Judy Ivarie	Eastern Illinois University
Arthur Neyhus	University of Illinois - Chicago
Kay Robinson	Illinois State Board of Education

I. Introduction/Announcements

The meeting was called to order at 10:00 a.m. by Jane Blalock, Chairperson. Introductions of members and guests were made.

II. 0-3 Services Currently Available in Illinois

Lynn Moore, Consultant for Early Childhood Handicapped Program, ISBE, discussed funding options and "state-of-the-art" services. Dr. Patricia Hutinger of Western Illinois University and Greg McAndrews of the Lake-McHenry Regional Program presented state-wide data and comprehensive program information. An overview of that information follows.

Services for 0-3 handicapped in Illinois are provided and funded by:

Federal funding -HCEEP
Hospitals
Public Schools
Department of Mental Health
Private/Not for Profit Organizations

Appendix C: New Evaluation Forms, Evaluation Data Summaries, and Sample Evaluation Data

Sample Forms

Evaluation Data Summaries
  Outreach Services
  Core Curriculum
  Birth to Three Symposium

Sample Parent Questionnaire Summary

Sample Evaluation of Outreach Activities

Sample SAAP Printout

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Sample Forms

CORE CURRICULUM EVALUATION

Date: ______________________________

Type of Agency: ______________________________

Position: ______________________________

Number of Handicapped Children You Serve: __________

1. Is your program: Center Based _____ Home based _____
   Serving 0-3 _____ 3-5 _____ Other (Specify) ____________
   Handicapped _____ Non-Handicapped _______ At Risk _____
   Other (specify) ______________________

2. Specifically, in what ways was the curriculum used in your program?

3. Did you use other resource/curricular materials to supplement Core Curriculum?

4. What are the strengths of the Core Curriculum?

5. What are the weaknesses of the Core Curriculum? Please include suggestions for improvement.

6. Please comment on the order and content of the skill sequences and note specific discrepancies and/or deletions of relevant skills.

7. Have you shared the Curriculum with other persons?

Yes _____ No _____

If yes, please check with whom:

Other staff members ____

Parents _____

Professionals other than staff members _____

Others ______________________________

8. Overall, were you satisfied with the Core Curriculum?

extremely satisfied			satisfied			not at all satisfied
7	6	5	4	3	2	1

9. Can we be of further service to you by providing training on the Core Curriculum as a component?

If so, please give your name and address:

____

____

____

Thank you for taking the time to complete this evaluation! Please return it to:

Mary Strode, Evaluator
Outreach: Macomb 0-3 Regional Project
27 Horrabin Hall
Macomb, Illinois 61455

SITE STAFF QUESTIONNAIRE

Satisfaction with Outreach Services

9/84:E.3.8

Date: ______________________________

Name: ______________________________

Agency: ______________________________

Position: ______________________________

Component Adopted: ______________________________

1. What type of services have the Outreach: Macomb 0-3 Project staff provided for you?

   A. Initial training . . . . ________

   B. Written materials . . . . ________

   C. Follow-up training . . . . ________

   D. Workshops . . . . ________

   E. On-site consultation . . . . ________

   F. Consultation by phone or mail . . . . ________

   G. Loaned AV materials . . . . ________

   H. Loaned resource/instructional materials . . . . . ________

2. Please rate the overall quality of services received.

   _____ excellent _____ good _____ fair _____ poor

3. Did you feel adequately prepared to implement the component(s) into your program?

   _____ yes _____ no

   Comments: ______________________________

   ____

   ____

   If no, in what ways could the Outreach staff help?

   ____

   ____

   ____

4. Have you had specific difficulties implementing the components?

_____ yes _____ no

If yes, has the Outreach Project Staff helped you solve these difficulties?

_____ yes _____ no

If no, in what ways could the Outreach Project Staff help?

____

____

____

5. What have you gained from your involvement with the Outreach: Macomb 0-3 Project?

A. Knowledge (list areas or topics of knowledge) _____

(Ex: Knowledge of stages of the grieving process)

____

____

____

B. Skills (list type of skills) _____

(Ex: Skills for dealing with parents in various stages of grief)

____

____

____

C. Changed attitudes (list kinds of attitudes developed)

(Ex: More empathy for grieving parents) _____

____

____

____

6. Do you think your participation in this program will provide you with opportunities for career advancement?

_____ yes _____ no

7. Did the Outreach: Macomb 0-3 Project provide the type of information and training that met your needs?

_____ yes _____ no

If no, what needs did you have that were not addressed?

A. Knowledge (list areas or topics of knowledge) _____

____

____

____

B. Skills (list type of skills) _____

____

____

____

8. Has there been sufficient contact between your program and the Outreach: Macomb 0-3 Project?

_____ yes _____ no

If not, what other contacts would be helpful?

____

____

____

9. In what ways could the Outreach: Macomb 0-3 Project improve its training and follow-up procedures?

____

____

____

Evaluation Data Summaries

- Outreach Services
- Core Curriculum
- Birth to Three Symposium

SUMMARY OF WORKSHOP/IN-SERVICE EVALUATIONS

1.0 Date: 10-83-9/84

2.0 Sponsoring Agency: Various agencies including: HCEEP Rural Conference, 0-3 Consortium,

3.0 Topic: Programming for Infants, Hearing Impaired, Family Systems, Language Development.

4.0 Presenter: 0-3 Project Staff

5.0 Total Present: 57

6.0 Occupation of Participants: Child Development Specialist, Pre-School Co-ordinator, Psychologist, Rehabilitation Counselor, Social Worker, Physical Therapist, Education Consultant, Nurse, Speech Pathologist.

7.0 Total Number of Handicapped Children Served: 930

8.0 Overall Rating of Presentation:

14/27% excellent
37/73% good
_____ fair
_____ poor

The following code was used for rating each item:

1 - lowest score
2
3 - average
4
5 - highest score

9.0 Was the content of the workshop appropriate for your needs?

1 _____ 2 2/4% 3 17/32% 4 20/38% 5 14/26% Mean: 3.87

Comments: Very helpful for witing objectives. Content will be very appropriate for me to share with new 0-3 teahcers. Plan similar inservice with audiologists. Workshop was excellent, Very helpful. Lots of material, pretty detailed. Excellent video-tapes - made points clearer and provided transition from one to the next.

10.0 Did you gain new knowledge as a result of this workshop?

1 _____ 2 4/7% 3 15/28% 4 22/40% 5 13/24% Mean: 3.81

Comments: Needed longer to present. Covered material too quickly. Especially research regarding parents knowledge.

11.0 Was the presenter well prepared?

1 ____ 2 1/2% 3 2/3% 4 23/42% 5 29/53% Mean: 4.45

Comments: She was very enghusiastic. Super handouts, transparencies, and equipment.

12.0 Did the presenter demonstrate expertise in his/her field?

1 ____ 2 1/2% 3 4/7% 4 22/40% 5 28/51% Mean: 4.40

Comments: Yes, very much so.

13.0 Did the presenter respond to questions satisfactorily?

1 ____ 2 ____ 3 5/10% 4 25/51% 5 19/39% Mean: 4.29

Comments: Needed more time for questions.

14.0 Were A/V materials used in the presentation helpful as instructional aids?

1 ____ 2 ____ 3 6/11% 4 9/16% 5 39/72% Mean: 4.61

Comments: Definitely - the video using children to demo various ages is best way to present this topic. Really reinforced comments made to levels of development and acquisition of language. The video was great! Excellent!

15.0 Were written materials used in the presentation helpful as instructional aids?

1 1/2% 2 1/2% 3 13/24% 4 14/26% 5 25/46% Mean: 4.13

Comments: Enjoyed three different perspectives of same age levels. This will be useful for the grad class on preschool methods and materials. Handouts from Family Systems should be useful in the future. Handouts will be very functional for us.

16.0 Total number of participants interested in receiving training or other services from staff:

27

Nature of requests: Requests for additional information on project and training provided.

Summary of Training Evaluations

1.0 Date: 10/83 - 9/84

2.0 Sponsoring Agency: Various agencies including: Macomb 0-3 Project, Omak School Dist, Associated Rehabilitative Services, Inc.

3.0 Topic: Model Training, WADE, Core Curriculum, Home Visits, Sharing Centers

4.0 Presenter: Macomb 0-3 staff

5.0 Total Present: 18

6.0 Occupation: Day Care Director, Speech Pathologist, Pre-school Teachers, School Psychologist, Social Worker, Physical Therapy aide, Teachers aide.

7.0 Total Number of Handicapped Children Served: 515

8.0 Overall Rating of Presentation:

10/55	excellent
8/44	good
	fair
	poor

The following code was used for rating each item:

1 - lowest score
2 -
3 - average
4
5 - highest score

9.0 Was the format of the training session appropriate?
NA 1 2 3 4 8/44 5 10/55 M = 4.55
Comments: Yes, especially with Sahring Center the next day.

Very good; very useful activities, especially with CP

10.0 Were the A/V materials helpful as instructional tools?
NA 1 2 3 3/16 4 11/61 5 3/16 M = 4.0
Comments:

11.0 Were written materials used during the training helpful as instructional tools?
NA 1 2 3 4 4/22 5 14/77 M = 4.77
Comments:

Will be helpful in daily work; Handouts were well organized and discussed.

They were very complete with helpful ideas. Invaluable to help get a program started.

12.0 Did the trainer(s) formulate objectives for the session?
NA 1 2 3 1/6 4 5/29 5 11/65 M = 4.59
Comments: Would have liked to received more handouts for myself.

13.0 Did the trainer(s) meet the objectives for the session?
NA 1 2 3 1/6 4 7/39 5 10/56 M = 4.50
Comments:

14.0 Do you feel you understand the Macomb 0-3 Project model and the services provided by the OUTREACH staff?
NA 1 2 3 1/6 4 6/33 5 11/61 M = 4.56
Comments: Information received is very clear and seems very thorough.

15.0 Did the training session provide you with new information?
NA 1 2 3 1/6 4 2/12 5 14/82 M = 4.76
Comments: Yes, the booklet had lots of good ideas for sharing centers.
Especailly appreciate PT's demonstrations.

16.0 Did the training satisfactorily prepare you to implement the components of the Macomb model which the program is adopting or replicating?
NA 1 2 3 1/6 4 7/41 5 9/53 M = 4.47
Comments: To begin the program - more training will be needed at a later date. Now to get it across to the parents, so they do it appropriately.

17.0 Do you think the Macomb 0-3 Project model or model components will work in your program?
NA 1 2 3 2/12 4 5/31 5 9/56 M = 4.44
Comments: I think it is much needed in St. Charles County

18.0 Will your program change as a result of this training session?
NA 1 2 3 2/13 4 4/26 5 8/53 M = 4.43
Comments: New 0-3 Program will begin as a result of the training. New program being developed.

19.0 Did the trainer(s) answer questions satisfactorily?
NA 1 2 3 4 1/6 5 16/94 M = 4.94
Comments: Trainer was very thorough.

20.0 Do you have any suggestions for improvement of the training session?

None necessary. Could use more information on the actual steps one would go through on organizing such a program. Maybe more time, especially for questio[illegible]

There needed to be a few more children if they're available.

21.0 What were the strengths of the training session? Very good presentation, relaxed atmosphere, new ideas, interesting at all times. Hands on experience, videos, excellent [illegible] location. The booklet with ideas for sharing centers. Applied very well to what we are starting. Handouts: Activity handouts; Getting involved in WADE at the pool. Flexibility of trainer, the wealth of info-suggestions made to help with our program.

22.0 What follow-up services would you like to request from the OUTREACH staff following this training?

Just to be informed of anything new or new ideas for sharing centers.

Consultation perhaps concerning implementing WADE goals.

More information for working with other professionals

Available resource person to answer questions, provide additional informatiog, etc.

I think examples of actual cases would be helpful for new teachers to understand working in the home environment.

SUMMARY OF PRESENTATION EVALUATIONS

1.0 Date: 10/83 - 9/84

2.0 Sponsoring Agency: Various agencies including: RAP/Headstart, Montana Symposium, Spoon River College, Council for Exceptional Children Convention, Progress Resource Center

3.0 Topic: Project Overview, Assessment, Sharing Centers, Evaluation Techniques, Core Curriculum, Sensitivity to Parents of Handicapped Children

4.0 Presenter: Project Staff

5.0 Total Present: 161

6.0 Total Number of Handicapped Children Served: 3443

7.0 Overall Rating of Presentation:
7.1 77/50 excellent
7.2 66/43 good
7.3 10/ 6 fair
7.4 ___ poor

The following code was used for rating each item:
1 - lowest score
2
3 - average
4
5 - highest score

8.0 Was the presentation informative?

1 ___ 2 2/1% 3 29/19% 4 54/35% 5 72/46% Mean: 4.25

9.0 Did you gain new knowledge as a result of the presentation?

1 2/1% 2 6/4% 3 24/15% 4 68/42% 5 59/37% Mean: 4.11

10.0 Audio-visual materials used during the presentation were helpful instructional aids:

1 1/1% 2 5/3% 3 26/16% 4 52/33% 5 72/46% Mean: 4.21

11.0 Was information presented in a clear and understandable manner?

1 1/1% 2 4/3% 3 20/14% 4 41/28% 5 80/55% Mean: 4.34

12.0 Did the presenter(s) answer questions satisfactorily?

1 2/1% 2 6/2% 3 19/14% 4 42/30% 5 75/54% Mean: 4.37

13.0 Total number of participants who wish to receive more information about Project and available services:

86

Nature of requests: Request for further information about the Project - components and products.

14.0 Overall comments from participants:

You did a great job. You could slow down a little bit. I know you had lots to tell us and not enough time to present all the information you had.

Very nice presentation - thorough, very precise, very enjoyable

Really enjoyed this presentation and found it extremely informative.

She gave a very nice presentation.

Very well presented expecially like taped conversation with parents.

The audio-visual portion was excellent

She encouraged sharing which was beneficial to the group as a whole.

Good group dynamics/format - Enjoyable to listen to speaker.

Great session! She did an outstanding job of presenting information.

Presentation was very informative and atmosphere was relaxed. Enjoyed it very much.

Very interesting concept of getting parent involvement.

Very helpful and interesting.

Very interesting presentation - am excited to use the materials.

Would love to have this program in my area.

Helpful presentation! Time too short or content too long!

I have been using Usgiris-Hunt for 5 years and am pleased that you program sees it's value and is willing to share it with us.

Assessment appears to be interesting, difficult to grasp fully from one 90-minute presentation.

I thought we would spend more time reveiwing the items on your adapted instrument.

Impressed with current accountability materials. Would like to be aware of changes and new materials.

Summary
CORE CURRICULUM EVALUATION

From Orders

Date: Compiled Sept. 19, 1984

Type of Agency: See Attachment

Position: " "

Number of Handicapped Children You Serve: 381 (1 site: NA, 2 sites did not report)
N = 8

1. Is your program: Center based 1 Home based 2 Combination 4 NA 1
   Serving 0-3 1 3-5 ____ Other (Specify) Both 6 NA 1
   Handicapped 2 Non-Handicapped ____ At Risk Combinatio
   Rural 2 Urban 1 Both 4 NA 1

2. How long (in months) have you been using the Core Curriculum to develop goals, objectives, and activities for children?

   Average length of time: 2-6 months
   Three sites did not report

3. Specifically, in what ways was the curriculum used in your program?
   To write goals and objectives for IEP's: In a class as an example of materials;
   As a reference; as a supplementary resource
   Resource to use in developing individual program plans
   Resource for activities; for parents as supplemental reading material
   To supplement plans designed by related service staff

4. Did you use other resource/curricular materials to supplement the Core Curriculum?

   No data: 1
   Yes: 3
   NA: 2

   (Portage, HELP, Behavioral Characteristics Progression, Self-design curricular procedures)

5. What are the strengths of the Core Curriculum?
   Inclusion of age levels for skills; Adaptations; Comprehensiveness;
   Arrangement by skill r~~e~~ather than age level; Piagetian approach to cognitive devel
   Cognitive portion is well designed; well researched communication;
   Manageable data collection system; Quite detailed; broken down into small manageable steps;

6. What are the weaknesses of the Core Curriculum? Please include suggestions for improvement.
   Size and length cumbersome - may have each area in spiral bound notebook.
   Needs columns included for materials needed for activity.
   Expansion of adaptations for motorically and visually impaired
   How to teach polar concepts, i.e. broken down into individual target for each pt. of concepts; No report: 3.

7. Please comment on the order and content of the skill sequences and note specific discrepancies and/or deletions of relevant skills.
   No report: 5
   5.2.12 Add: Shows materials but does not give them up
   Self Care: Chewing begins before biting
   Skill sequences appear appropriate

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Type of Agency
  Migrant Head Start
  University Affiliated Program
  Clinic (Home Based Infant Stimulation)
  State School
  School for the Deaf
  Home Based Preschool Handicapped
  Pre-School Handicapped
  University Class (pre-service)

Position
  Handicap Services Coordinator
  Assoc. Director
  Director
  Kindergarten teacher (school for the deaf)
  Staff Assistant
  Speech and Language Clinician
  Director

THIRD ILLINOIS BIRTH TO THREE SYMPOSIUM

May 17-18, 1984

Evaluation of Presentation

Title of Presentation Functional curriculum Designed to Meet Child & Family Needs.

Presenter

Please indicate: Your agency

Your position	Teachers - 13	OT - 3	RN - 2
	Aides - 3	PT - 1	

Number of handicapped children you serve 783

Please answer the following questions using this code:

N = 24

NA - Not applicable
1 - lowest score
2
3 - average
4
5 - highest score

1. Was the presentation useful to you?

   NA 1 2 3 4 5 M = 3.33

2. Did you gain new knowledge as a result of the presentation?

   NA 1 2 3 4 5 M = 3.56

3. Were the audio-visual materials used during the presentation helpful instructional aids?

   NA 1 2 3 4 5 M = 3.45

4. Was the information presented in a clear and understandable manner?

   NA 1 2 3 4 5 M = 3.42

5. Did the presenter answer questions satisfactorily?

   NA 1 2 3 4 5 M = 4.08

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6. Please rate the overall quality of the presentation.

   1 2 3 4 5 M = 3.52

Comments: I was hoping it would be geared more toward sever and profound population.
Sue had lots of information to offer. She tried to do too much - talked too fast. Couldn't grasp it all.
Need more information on how to set up a curriculum for severally handicaped students.
[illegible]ped around too much - covered too much material.
Needed more time.
Ah, this is what I wanted!
Would have liked to have seen more videos.

THIRD ILLINOIS BIRTH TO THREE SYMPOSIUM

May 17-18, 1984

Evaluation of Presentation

Title of Presentation Effective Home-Based Programs for Infants

Presenter Sue Marshall

Please indicate: Your agency

Your position Coordinator - 4 Social Worker - 1 Training Consultant
PIE - 17 Speech Therapist - 4 PT -1 RN - 1

Number of handicapped children you serve 583 (+1100)

Please answer the following questions using this code:

NA - Not applicable
1 - lowest score
2
3 - average
4
5 - highest score

N = 33

1. Was the presentation useful to you?

NA 1 2 3 4 5 M = 3.42

2. Did you gain new knowledge as a result of the presentation?

NA 1 2 3 4 5 M = 3.57

3. Were the audio-visual materials used during the presentation helpful instructional aids?

NA 1 2 3 4 5 M = 3.71

4. Was the information presented in a clear and understandable manner?

NA 1 2 3 4 5 M = 3.77

5. Did the presenter answer questions satisfactorily?

NA 1 2 3 4 5 M = 4.07

6. Please rate the overall quality of the presentation.

1 2 3 4 5 M = 3.64

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Comments: A lot of good information - somewhat disjointed - maybe too much material for 2 hrs.
Good presentation. Nice to see that I'm doing what you're doing.
Felt topic was more of a review. Expected it to deal more with establishing program than parent involvement.
[illegible]n't cover program evaluation.
I felt presentor was very well prepared and organized. She used proctical examples and covered a wide variety of information related to HV.
Info wasn't especially new for me.
Very good. I wish we could have finished it.
Tape was very helpful.
Excellent, good use of examples, vice variety in style of presentation of material. Knowledge of research. Super.

THIRD ANNUAL INFANT SYMPOSIUM

EVALUATION FORM

Excepted 4 of
17 pages

Your Agency________________________________

Your Position______________________________

Number of Handicapped Children Served__________

1. Please evaluate the quality and usefulness of each of the presentations which you attended during the Symposium. If you did not attend a session please circle NA for that session.

Session			Quality						Usefulness					
Thursday, May 17			Excellent		Good		Poor		Very Useful		Of Some Use		Not Useful	
9:00 AM	The Broader Impact of Intervention (Bristol)	NA	5	4	3	2	1	$\bar{X}$= 4.3 N=104	5	4	3	2	1	$\bar{X}$= [illegible] N= [illegible]
11:30 AM	Illinois State Board of Education Update (Moore)	NA	5	4	3	2	1	$\bar{X}$= 2.8 N= 97	5	4	3	2	1	$\bar{X}$= [illegible] N= [illegible]
	Overview of Illinois Governor's Planning Council for Developmental Disabilities Study of the State of the Art of Birth to Three Programs in Illinois (Huntinger & Rundall)	NA	5	4	3	2	1	$\bar{X}$= 2.6 N= 80	5	4	3	2	1	$\bar{X}$= [illegible] N= [illegible]
1:00 PM	New Directions in Early Intervention Research (Sameroff)	NA	5	4	3	2	1	$\bar{X}$= 3.8 N= 64	5	4	3	2	1	$\bar{X}$= [illegible] N= [illegible]
	Prevention & Clinical Intervention in the Lives of Parents & Their Infants/Toddlers (Bertacchi)	NA	5	4	3	2	1		5	4	3	2	1	
	Effective Home Based Programs for Infants (Marshall & Strode)	NA	5	4	3	2	1	$\bar{X}$= 3.4 N= 71	5	4	3	2	1	$\bar{X}$= 3.[illegible] N= [illegible]
	Integration of NDT/Principles in Educational Settings (Slezak)	NA	5	4	3	2	1	$\bar{X}$= 3.7 N= 60	5	4	3	2	1	$\bar{X}$= 3.[illegible] N= [illegible]

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	Friday, May 18 (continued)		Excellent		Good	Poor			Very Useful		Of Some Use	Not Useful		
10:30 AM	The Rural Infant Educational Program: Problems with Educational Service Delivery in a Very Rural Area (Eno & Best)	NA	5	4	3	2	1	$\bar{X}$= 3.6 N= 48	5	4	3	2	1	$\bar{X}$= 3 N= [illegible]
	Developing Augmentative Communication Skills in Non-verbal Children Birth to Three (Cantrell)	NA	5	4	3	2	1	$\bar{X}$= 4.1 N= 57	5	4	3	2	1	$\bar{X}$= 3 N= [illegible]
	Decision Making in Baby Doe Situations (Hayden)	NA	5	4	3	2	1	$\bar{X}$= 3.9 N= 61	5	4	3	2	1	$\bar{X}$= [illegible] N= [illegible]
1:30 PM	Sensory Integration for Children with Learning Disabilities/Minimal Brain Dysfunction (Genetti)	NA	5	4	3	2	1	$\bar{X}$= 50 N= 4.3	5	4	3	2	1	$\bar{X}$= [illegible] N= [illegible]
	Dealing with Behavioral Issues in Young Children (Lewis & Sykes)	NA	5	4	3	2	1	$\bar{X}$= 4.0 N= 58	5	4	3	2	1	$\bar{X}$= [illegible] N= [illegible]
	Six S's of Parent Involvement (Smith)	NA	5	4	3	2	1	$\bar{X}$= 4.1 N= 49	5	4	3	2	1	$\bar{X}$= [illegible] N= [illegible]
	Recognizing and Facilitating Feeding Patterns in Handicapped Young Infants and Children (Brown & Buehl)	NA	5	4	3	2	1	$\bar{X}$= 4.2 N= 58	5	4	3	2	1	$\bar{X}$= [illegible] N= [illegible]
	What Makes an Exemplary Early Intervention Program (Karnes)	NA	5	4	3	2	1	$\bar{X}$= 3.6 N= 46	5	4	3	2	1	$\bar{X}$= [illegible] N= [illegible]

2. Please list any comments you wish to make about individual sessions.

Session Title:

Comments:

Session Title:

Comments:

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(Continued on Next Page)

2. **Please list any comments you wish to make about individual sessions.**

Homebound Programming/Marshall -- Too much "common sense" topic - read from her notes/handouts too much.

Augmentative Communication Skills -- This presentation was geared to older kids not much emphasis was placed on infants & toddlers of 0-3 age range.

Integration of NDT -- Good use of slides of "normal" children & muscle tone. She used audience very much. Room was small for size group. Chairs/tables too close!

SI Dysfunction -- Wished more time would have been spent informing me what to do with this type of child as opposed to just describing characteristics of SI child.

Baby Doe -- very well presented, interesting, gave plenty of time at end for questions &discussion.

Behavior -- handouts, examples good

Integration of NDT -- topic didnt follow description

Augmentative Comm. Skills -- not geared for 0-3 even after asked.

SI -- A very informative & very useful session!

Theraplay -- Helpful and interesting.

In general the sessions seemed to present very basic or introductory material on the topics and were not geared toward people who already have the basics by want more in dipth information. In other words the material was not new to me, and therefore not helpful at all. I was also disapointed that there were no product displays except for a few local materials. I was very disapointed in the conference in general and am not inclined to attend in the future.

NDT -- Room environment was not condusive to learning - noisy (fan & people going in and out) & difficult to hear - old smoke smell. Presentor did well in light of negative environmental stimuli. Session too long.

Room problem: "Connection" noise from air conditioner interfered with hearing speaker clearly. Impossible to hear comments from audience.

The Broader Impact of Intervention -- This presentation was excellent and gave information as to how the professional can give support to the parents.

Ill. State Board of Ed -- I feel that there wan not enough time allowed for this to be a meaningful presentation. Perhaps it should have been put in a diffenern slot.

Functional Curriculum -- Whild the infor being presented may have been helpful, the presentation was not well organized and audiovisuals did not facilitate understanding main points...this interfered and I did not come away with any (new) tool or thoughts on a theoretical viewpoint since the title said "functional", I was disappointed!

Augmentative Communication -- nice use of hands-on materials to illustrate, very practical.

SI -- Would like to have heard specifics about how to cut down tactile defensiveness & vestibular problems.

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2. Feeding Program -- Very organized & well presented. I received some good information that I can apply.

I felt the first ½ day too many facts & figures were recited without there application to our own programs

The Broader Impact of Intervention -- Too many %'s studies, tests with little application for other agencies. Too bad this workshop session was mandatory! Speaker was good, but material presented was somewhat boring.

Theraplay -- Very poor session & waste of time. No explanation of who theraplay therapist are are (psych, PT, OT?) No real defin/discussion of what theraplay is & for what types of kids to use it

Feeding -- Good material & handouts: good application.

Feeding
Very organized & helpful with slides, supplies - with addresses great!

Aug. Comm. Skills -- Very enjoyable but did not cover much under close to 3 years old.

Overall presentations were well organized & useful. Two hour sessions is good idea!

Research -- Handouts/bibliography please!

Karnes -- I was disappointed that presentation was "read" to us.

Theraplay -- Too rushed, too generalized, needed more time [illegible] more defined area in order to get the essense of the therapy.

Functional Curriculum -- too much emphasis on list of resources & reading the overheads directly as opposed to adding new information.

Theraplay -- Excellent! Wonderful concrete examples of the theory.

NDT -- Room was not condusive to presentation. Couldn't hear questions/answers on important topic.

Sensory Integration -- Very idssapointed - Exspected hands on ideas - what to do in specifics.

Augmentative Communication -- Very good - but should have had handouts. She gave out too much information to write it all down.

New Directions - Research -- Excellent - presentor was very in tune with 0-3 kids and info from research very helpful.

Theraplay -- Seemed to try to sell their program to us as being the best therapy rather than information giving. No info on theraplay given, only history. I'm sure a sot of people were disellusioned(largest amount of people at this one!)

Lang Dev. -- Good with porblem solving - very useful .

Feeding -- well organized good info & literature.

Developing Augmentative Comm. Skills -- most of session was for older children. Very little was related to young child.

Sameroff is interesting but should do new findings in research & not just repeat his talk year after year.

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Sample Parent Questionnaire Summary

MACOMB 0-3 REGIONAL PROJECT

PARENT QUESTIONNAIRE: EVALUATION OF PROGRAM

Date: 6 / __ / 84

Interviewer's Name: MCRC 0-3 Program

Parent's Name (optional): ____________________

N = 14

INSTRUCTIONS: The interviewer should be an individual who is not directly engaged in providing services to children in the program being evaluated.

Read the questions and provide additional explanation or information as necessary, naming the possible responses. Record the response to each question, writing additional comments as indicated by the parent.

Revised form taken from TADS adaptation of the parent survey in Final Report on Evaluation of H.C.E.E.P. Battelle, Columbus, 1976.

SUMMARY - PARENT SATISFACTION QUESTIONNAIRES: MCRC 6/84

Fourteen parent satisfaction questionnaires were returned, several of which were not completely filled out therefore many questions have less than 14 total responses. Numbers on the compiled form indicate number of respondents/percentage of total submitted (14).

Twelve families reported participating in home visits, five in Sharing Centers. Length of time in the program varied from 2 months to almost 3 years with three reporting less than three months involvement.

All listed services were provided to at least one family with medical evaluations reported six times and speech and hearing evaluations reported four times.

Mothers were the ones most frequently reported as being involved with the program (11) with fathers and brothers and sisters next (4 each).

Thirteen respondents reported that they had a chance to participate in the program with 14 (100%) indicating that activities were provided to them for their children by project staff. Five said they helped plan activities while seven reported they did not. All listed types of activities were reported as being provided to them to work with their children. The most frequent type of activity reported was motor (11) followed by language and speech (10). Reasoning, problem solving and thinking skills was reported least (4).

Thirteen families reported that they were told how to carry out activities with 14 (100%) indicating that they did carry them out. Nine families reported doing the activities several times a day and three several times a week.

Thirteen respondents felt the activities planned for their child were helpful and many reported positive gains from the program.

All fourteen reported that they had gained something as parents from being in the program. Each listed skill was checked frequently, 10 to 13 times.

Thirteen parents reported being satisfied with the program provided to parents and to children. (None indicated "no.") Nine felt the program would benefit their child in the future. Two parents suggested group activities or activities away from home as improvements to the program. (Possibly interested in Sharing Centers?)

All general comments were positive - program is terrific . . . excellent teacher . . . kind and understanding . . . helping me cope.

These parent satisfaction questionnaires indicate a very positive attitude on the part of parents to MCRC 0-3 Program. The variety and appropriateness of activities and the support given to parents in carrying them out was seen as a particular strength. All parents felt they had gained as parents from involvement in the program and comments indicate they feel they are their child's primary teacher. Few suggestions for improvement and no negative comments were received.

SUMMARY OF FAMILY INVOLVEMENT IN PROGRAM

I have participated in: 12/86 ☐ Home Visits - How Often? Weekly - 4 Bi-Weekly - 2 Monthly - 2

5/36 ☐ Sharing Centers - How Often? Monthly

☐ WADE - How Often?

☐ Parent Meetings - How Often?

How long have you been involved in the program? Range from 2 months to 3 years. Three were three months or less; Ten were 14 months or more.

I have: (Check what you have done)

7/58 ☐ shared information we have learned from the program with others

2/14 ☐ helped plan activities, meetings for the program

☐ written letters to congressmen about support for programs

10/71 ☐ filled out a form like this before about the program

1/7 ☐ charted activities we have done with child at home

I have had these services provided through the program: (Check services provided)

☐ medical evaluations (such as doctor's appointment, Crippled Children's Clinic) 6/43

☐ speech evaluation 4/29

☐ hearing evaluation 4/29

☐ vision evaluation 2/14

☐ occupational therapy visits 1/7

☐ physical therapy visits 1/7

☐ supplemental funding information 2/14

☐ other 1/7 - Information on WIC program and advice on child care.

These people who care for my child have been involved with the program: (Check those who have been involved)

☐ mother (how? 11/79)

☐ father (how? 4/79)

☐ brothers, sisters (how? 4/29)

☐ grandparents (how? 3/21)

☐ other relatives (how?)

☐ babysitter/day care (how? 1/7)

☐ others (how?)

1. Do you have a chance to participate in the program?

13/93 ☐ YES COMMENTS ____________________

☐ NO ____________________

2. Were you given activities to do with your child by the program staff?

14/100 ☐ YES COMMENTS ____________________

☐ NO ____________________

3. Did you help plan the activities for your child?

5/38 ☐ YES COMMENTS ____________________

7/50 ☐ NO ____________________

4. What kinds of activities were provided for you to work with you child?

10/71 ☐ Language and speech (such as talking, saying sounds, following directions)

11/79 ☐ Motor (such as walking, jumping, balancing, finger skills)

6/43 ☐ Self-Care (such as toileting, dressing, feeding)

7/50 ☐ Attention span (being able to stay with one activity)

4/29 ☐ Reasoning, problem solving, thinking skills

7/50 ☐ Getting along with other children and family members

8/57 ☐ Behavior management (such as handling tantrums, crying, hitting)

1/7 ☐ Other Sleep patterns, tracking

5. Has the program staff told you how to carry out the activities or helped you plan how to carry them out?

13/93 ☐ YES COMMENTS ____________________

☐ NO ____________________

6. Have you carried out the activities with your child?

14/100 ☐ YES If so, how often?

☐ NO

Several times a day - 9

Once a day - 1

Several times a week -3

Once a week

Several times a month

Once a month

Other ____________________

7. Has the program staff loaned you toys or materials to help you do the activities?

10/71 ☐ YES COMMENTS

4/29. ☐ NO

8. Were the activities you were given or helped plan helpful to you and your child?

13/93 ☐ YES WHY? She seemed to enjoy what she was learning and I enjoy seeing her change and grow.

1/7 ☐ NO

9. If you have not used the activities, for what reason haven't you used them?

1/7 ☐ Didn't have time

2/14 ☐ Didn't have materials I needed

☐ Didn't know how to do the activities

☐ Didn't think they would help my child

☐ No particular reason

☐ Other

10. What do you feel your child has gained from the program? Learning to use and work with his muscles. I feel she has learned things she should know. Many things. Learned to hold up her head. She is far more developed than if she'd been left on her own. Being able to get along with other children. Sharing with other children. Improvement in all areas of concern.

11. Have you gained anything from being in the program with your child?

14/100 ☐ YES COMMENTS I have learned how to work with ... and found out what he needs to help him. We are glad for any help with our child's development. Helps me care for her better - reasons for different behavior and how to handle it. I see the program helped my child in ways I never could have. I now know what problems that my child has, and(OVER)

☐ NO

12. What have you gained from being in the program?

11/78 ☐ Knowledge of my child's problems and needs

13/93 ☐ Better understanding of child development

10/71 ☐ Knowledge of activities for my child

12/86 ☐ Better understanding of the importance of working with my child

10/71 ☐ Skills for working with my child

☐ Other

11. how to deal with them.
    Being able to understand our child.
    A lot of information about my son plus someone to ask a lot of questions.

13. Overall, are you happy with the services the program has provided you as a parent?

13/93 ☐ YES COMMENTS They are really helping me out. I appreciate the transportation provided and the computer program.

☐ NO

14. Overall, are you happy with the services the program provided to your child?

13/93 ☐ YES COMMENTS

☐ NO

15. Do you think your child's participation in this program will change his/her opportunities for schooling, jobs and a fuller participation in life?

9/64 ☐ YES COMMENTS Hopefully for school. I feel my son is catching up and I feel the 0-3 program has been a big boast!

1/7 ☐ NO

16. Do you have ideas for other activities or services that you think would improve the program?

2/74 ☐ YES COMMENTS Get together for the kids. I wish once a month or so we would go some other place that the home - maybe your center or some other place a toddler would be interested in.

9/64 ☐ NO

17. Please add any other comments you have about the program.

I was glad there was a program like this to help me know what my child should know.
They are helping me cope with . . . problems.
They are kind and understanding.
We have an excellent teacher. Hope the program will continue.
I feel the program is needed. It's someone to help you through a hard part of raising your child.
I think the program is terrific. My child and I think a lot of Marilyn. She is really great working with my child.

Sample Evaluation of Outreach Activities

SUMMARY OF WORKSHOP/IN-SERVICE EVALUATIONS

1.0 Date: May 10, 1984

2.0 Sponsoring Agency: HCEEP - Rural Conference

3.0 Topic: Programming Infants in Early Intervention

4.0 Presenter: Sue Marshall

5.0 Total Present: 20 Evals.

6.0 Occupation of Participants:

Preschool Supervisor - 2	Rehabilitation Counselor - 1
Social Worker - 3	Nurse - 1
Aide - 1	Education Consultant - 1
Preschool Teacher - 6	Speech Pathologist - 1

7.0 Total Number of Handicapped Children Served: 304

8.0 Overall Rating of Presentation:

3/15 excellent
17/85 good
____ fair
____ poor

The following code was used for rating each item:
1 - lowest score
2
3 - average
4
5 - highest score

9.0 Was the content of the workshop appropriate for your needs?

1 ____ 2 ____ 3 10/53 4 7/37 5 2/11 Mean: 3.6

Comments: Very helpful for writing objectives.

10.0 Did you gain new knowledge as a result of this workshop?

1 ____ 2 1/5 3 10/50 4 7/35 5 2/10 Mean: 3.5

Comments: Covered material too quickly - not enough time.
Would have been useful to have handouts of over-head notes to take home since these were gone over quickly and there was not enough time for note-taking.
Needed longer to present.

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11.0 Was the presenter well prepared?

1 ___ 2 ___ 3 1/4 4 8/40 5 11/55 Mean: 4.5

Comments:

12.0 Did the presenter demonstrate expertise in his/her field?

1 ___ 2 ___ 3 1/5 4 11/55 5 8/40 Mean: 4.3

Comments:

13.0 Did the presenter respond to questions satisfactorily?

1 1/6 2 ___ 3 3/18 4 8/47 5 5/29 Mean: 3.9

Comments: Not much opportunity (time) for questions.

14.0 Were A/V materials used in the presentation helpful as instructional aids?

1 ___ 2 ___ 3 4/21 4 5/26 5 10/53 Mean: 4.3

Comments: Especially the video tape.

15.0 Were written materials used in the presentation helpful as instructional aids?

1 1/5 2 1/5 3 8/42 4 5/26 5 4/21 Mean: 3.5

Comments: Feel participants should get handouts on curriculum presented.
Not enought time to use effectively

16.0 Total number of participants interested in receiving training or other services from staff:

9

Nature of requests:
Would like info about training you could offer us.

SUMMARY OF PRESENTATION EVALUATIONS

1.0 Date: 4/12/84

2.0 Sponsoring Agency: Montana Symposium

3.0 Topic: Sharing Center

4.0 Presenter: Sue Marshall

5.0 Total Present: 7 evals.

6.0 Total Number of Handicapped Children Served: 111

7.0 Overall Rating of Presentation:
7.1 1/14 excellent
7.2 5/71 good
7.3 1/14 fair
7.4 ____ poor

The following code was used for rating each item:
1 - lowest score
2
3 - average
4
5 - highest score

8.0 Was the presentation informative?

1 ____ 2 1/14 3 2/29 4 1/14 5 1/11 Mean: 3.6

9.0 Did you gain new knowledge as a result of the presentation?

1 ____ 2 ____ 3 2/29 4 3/43 5 2/29 Mean: 4.0

10.0 Audio-visual materials used during the presentation were helpful instructional aids:

1 ____ 2 ____ 3 2/29 4 3/43 5 2/29 Mean: 4.0

11.0 Was information presented in a clear and understandable manner?

1 ____ 2 ____ 3 3/50 4 1/17 5 2/33 Mean: 3.8

12.0 Did the presenter(s) answer questions satisfactorily?

1 ____ 2 ____ 3 3/50 4 1/17 5 2/33 Mean: 3.8

13.0 Total number of participants who wish to receive more information about Project and available services: 6

Nature of requests:

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14.0 Overall comments from participants:

Good information
Very interesting concept of getting parent involvement.

SUMMARY OF TRAINING EVALUATIONS

1.0 Date: June 20, 1984

2.0 Sponsoring Agency: Holiday School, Pekin; UCP - Ottawa

3.0 Topic: WADE

4.0 Presenter: Sue Marshall and Judy Strong

5.0 Total Present: 8

Speech Language Pathologist - 1
6.0 Occupation: Parent Infant Educator - 5; PT Assist. - 1; Social Worker - 1;

7.0 Total Number of Handicapped Children Served: ≈ 184

8.0 Overall Rating of Presentation:
5/63 excellent
3/37 good
_____ fair
_____ poor

The following code was used for rating each item:
1 - lowest score
2
3 - average
4
5 - highest score

9.0 Was the format of the training session appropriate?

NA _____ 1 _____ 2 _____ 3 _____ 4 3/37 5 5/63 MEAN: M = 4.63

Comments: New materials than what I already have; very good, useful activities, especially with CP.

10.0 Were the A/V materials helpful as instructional tools?

NA _____ 1 _____ 2 _____ 3 2/25 4 6/75 5 _____ MEAN: M =3.75

11.0 Were written materials used during the training helpful as instructional tools?

NA _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 8/100 MEAN: M = 5.00

Comments: and will be helpful in daily work.
Handouts were well organized and discussed.

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12.0 Did the trainer(s) formulate objectives for the session?

NA _____ 1 _____ 2 _____ 3 _____ 4 1/13 5 7/87 MEAN: M = 4.88

13.0 Did the trainer(s) meet the objectives for the session?

NA _____ 1 _____ 2 _____ 3 _____ 4 1/13 5 7/87 MEAN: M = 4.88

Sue and Judy Strong - excellent speakers

14.0 Do you feel you understand the Macomb 0-3 Project model and the services provided by the OUTREACH staff?

NA _____ 1 _____ 2 _____ 3 1/13 4 3/37 5 4/50 MEAN: M = 4.38

15.0 Did the training session provide you with new information?

NA _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 8/100 MEAN: M = 5.00

Comments: New and updated forms and materials.
Especially appreciate PT's demonstrations.

16.0 Did the training satisfactorily prepare you to implement the components of the Macomb model which the program is adoping or replicating?

NA _____ 1 _____ 2 _____ 3 1/13 4 6/75 5 1/13 MEAN: M = 4.00

Comments: Now to get it across to the parents, so they do it appropriately.

17.0 Do you think the Macomb 0-3 Project model or model components will work in your program?

NA _____ 1 _____ 2 _____ 3 2/25 4 3/38 5 3/38 MEAN: M = 4.13

Comments: We combine adults also. We don't have a 0-3 Program to draw children from. We just advertise a few swims for community.

18.0 Will your program change as a result of this training session?

NA 1/13 1 _____ 2 _____ 3 _____ 4 4/50 5 3/37 MEAN: M = 4.43

Comments: We'll use PT's examples.

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19.0 Did the trainer(s) answer questions satisfactorily?

NA ____ 1 ____ 2 ____ 3 ____ 4 1/13 5 7/87 MEAN: M = 4.86

Comments:

20.0 Do you have any suggestions for improvement of the training sessions?

None necessary.
Could use more information on the actual steps one would go through on organizing such a program.
There need to be a few more children if they're available to have one/one.

21.0 What were the strengths of the training session?

Applied very well to what we're starting on Friday in Canton YMCA.
Pt demo; Overall WADE explanation; handouts;
The RPT's session was very informative and helpful.
The PT was excellent and is a valuable resource for this training.
Activity handouts; Judy Strong; actual swimming; refreshments
The lectures given by Sue and Judy were excellent.
Getting involved in WADE at the pool.

22.0 What follow-up services would you like to request from the OUTREACH staff following this training?

Consultation perhaps concerning implementing WADE goals.
Come visit us at WADE this summer - Fridays 1:00 - 2:00.

OUTREACH: Macomb 0-3 Regional Project

JDRP approved

A Rural Child-Parent Service

SITE QUESTIONNAIRE

SATISFACTION WITH OUTREACH SERVICES

Date: 10/83 - 9/84 N=3

Site Staff Member: CDS, Program Coordinator

Site: Holiday School, Pekin;
ARC of Henry & Stark Counties;
Mason County Health Department

Instructions: Please read each question, marking your response on the line provided or next to the desired answer.

1. In what ways have you participated in staff development activities that have been planned by the program?

(1) Seminars, short group meetings 3/100%

(2) Meetings with other staff (e.g., session with project director) 3/100%

(3) Workshops 2/66%

(4) Continuing education activities .... ____

(5) College course work .... ____

(6) Assigned professional reading .... ____

(7) Other (specify) .... ____

2. How often do you participate in staff development activities?

(1) At least once a week .... ____

(2) At least once a month 3/100%

(3) Other (specify) ....
Special help as requested

(4) Never .... ____

3. Do you feel that there have been enough staff development opportunities to meet your needs to function competently in your position?

(1) Yes 2/66%

(2) No → Go to Item 5 1/33%

(3) Don't know

4. What additional opportunities do you think there should be?

(1) I would like to observe other PIE's on home visits

(2) ____

(3) ____

5. Do you feel that you have gained anything from your participation in the staff development program? %

(1) Yes 3/100%

(2) No ____

(3) Don't know ____

→ Go to Item 7

6. What have you gained?

(1) Knowledge (list areas or topics of knowledge) 3/100%

Spotting vision and hearing problems.

Language development in young children.

Dealing with problems in home visits.

(2) Planning skills (list type of skills) 2/66%

Writing goals and objectives and planning activities. (2)

Organizing files and making new forms. Developing activities.

(3) Implementation skills (list type of skills) 2/66%

Activities for home visits (2)

Sharing Centers

Assessing skills

(4) Changed attitudes (list kinds of attitudes developed) ____

7. Do you think your participation in this program will provide you with opportunities for career advancement?

(1) Yes 1/33%

(2) No 1/33%

(3) Don't know 1/33%

8. Did the program provide the type of staff development that met your needs?

(1) Yes → Go to item 10 3/100%

(2) No ____

9. What needs did you have that were not addressed?

(1) Knowledge (list areas or topics of knowledge)

____

____

____

(2) Planning skills (list type of skills)

____

____

____

(3) Implementation skills (list type of skills)

____

____

____

(4) Changed attitudes (list kinds of attitudes developed)

____

____

____

10. Overall, are you satisfied with the services that the project has provided to meet your staff development needs?

(1) Yes 3/100%

(2) No ____

(3) Don't know ____

Please rate the overall quality of services received.

2/66% Excellent 1/33% Good ____ Fair ____ Poor

11. Can you think of any ways the staff development program might be changed to serve you as a staff member better?

(1) Yes ______

(2) No 3/100%

(3) Don't know ______

12. In what ways could the staff development component be changed?

____

____

____

____

Sample SAAP Printout and Revised Form

```
  DATE         CONT      ACT      TIME     ATND      LOC      S/ID#

84/06/19         19      0312     1.30     0000      0001      17
84/06/19         19      0312     1.30     0000      0001      17
84/06/19         19      0312     2.00     0000      0001      17
84/06/20         16      0337     3.30     0001      0001      17
84/06/20         20      0103     5.00     0009      0004      17
84/06/22         19      0360     0.30     0000      0001      17
84/06/22         19      0210     1.30     0000      0001      17
84/06/22         16      0305     1.00     0001      0001      17
84/06/22         16      0305     0.15     0001      0001      17
84/06/22         19      0208     0.15     0000      0001      17

          TOTAL TIME IS:         20.40
```

DATE	CONT	ACT	TIME	ATND	LOC	S/ID#
84/06/18	19	0324	0.25	0000	0001	20
84/06/18	44	0211	0.09	0001	0001	20
84/06/18	7	0310	0.04	0001	0001	20
84/06/18	31	0310	0.09	0001	0001	20
84/06/18	19	0310	6.30	0000	0001	20
84/06/18	19	0310	2.45	0000	0010	20
84/06/19	19	0310	7.30	0000	0001	20
84/06/19	19	0310	1.10	0000	0010	20
84/06/20	19	0310	2.30	0000	0001	20
84/06/20	20	0103	4.15	0009	0004	20
84/06/20	20	0113	0.30	0009	0004	20
84/06/20	19	0325	2.35	0000	0001	20
84/06/21	19	0325	1.05	0000	0001	20
84/06/21	16	0324	0.20	0003	0001	20
84/06/21	16	0329	0.20	0003	0001	20
84/06/21	55	0335	1.45	0002	0001	20
84/06/21	35	0334	0.30	0001	0004	20
84/06/21	1	0364	0.35	0006	0004	20
84/06/21	19	0320	0.40	0000	0001	20
84/06/21	22	0303	0.05	0001	0001	20
84/06/21	19	0315	0.50	0000	0001	20
84/06/21	19	0310	0.20	0000	0001	20
84/06/21	19	0310	0.30	0000	0001	20
84/06/22	16	0211	2.05	0001	0001	20
84/06/22	20	0303	0.12	0001	0001	20
84/06/22	7	0403	0.17	0000	0001	20
84/06/22	19	0364	0.35	0000	0001	20
84/06/22	16	0305	0.30	0002	0001	20
84/06/22	19	0308	0.20	0000	0001	20
84/06/22	19	0315	3.40	0000	0001	20

TOTAL TIME IS: 46.51

Appendix D: Product Development: Revised and New Training and Management Materials

Revised Training Materials

New Training Materials

Revised and New Outreach Procedures and Management Materials

Revised Training Materials

Sharing Center News

Excerpted
2 of 8 pages

Outreach: Macomb 0-3 Project

Spring/Summer, 1984

*** GETTING TO KNOW YOU ***

The following is an updated list of persons who have replicated Sharing Centers as of April, 1984.

Mary Martin
Association for Retarded
Citizens
Henry and Stark County
319 N. Main
Kewanee, IL 61442

Nancy Bielke
Connections
2 W. Mifflin Street
Room 209
Madison, WI 53703

C. Greg McAndrews
Lake McHenry Regional
Program
4611 Old Grand Avenue
Gurnee, IL 60031

hris Meyers
ue Jobst
LaSalle County Easter Seals
10013 Adams
Ottawa, IL 60350

Linda Raridon
Iroquois Association for
Retarded Citizens
9th Street & Cemetary Road
P.O. Box 324
Watseka, IL 69070

Kathy Coker
Community Workshop
Training Center
500 North Main
Canton, IL 61520

Mary Jo Miller
Tot's Territory 0-3
Pulaski-Alexander Mental
Health Dept.
218 10th Street
Cairo, IL 62914

Rhonda McKee
Wee Care Day Care Center
425 North Prairie Avenue
Macomo, IL 61455

Laura Stevens
Corn Belt Education
Couperative
Preschool Handicapped
Program
Box 185
Parker, SD 57053

Cathy Cunningham
Marilyn Peterson
Mary Anne Haynes
McDonough County
Rehabilitation Center
900 South Grant St.
Macomb, IL 61455

Nancy Cully
Riverside Good Council Inc.
706 Park Ave.
Newport, KY 41071

Barb Lunnemann-Sidevy
First Step
350 4th St.
Carlyle, IL 62231

Donna Best
Karen Wordelmann
Project RIEP
Box E
Norris City, IL 62869

Rae Johnson
Nanon Wood Center
301 South Washington
Salem, IL 62869

Joyce Coleman
Nanon Wood Center
2502 South Veterans Drive
Effingham, IL 62401

Jan Zeidler
Quincy Counciling Center
Box 3246
Quincy, IL 62305

Barb Schaefer
Child Study Center
11100 N.E. 13th St.
Oklahoma City, OK 73117

Brenda Shoemake
Twilla Carr
Board of Education
302 S. Ninth
Tecumseh OK 74873

*** FROM THE MACOMB 0-3 OFFICE ***

Parent Study Groups

An often ignored and yet essential part of the Sharing Center concept is the Parent Study Group. It is defined by the Macomb 0-3 Model as "a time set aside during a Sharing Center when parents can talk about their special needs and obtain new information." While setting aside time and planning for a parent study group in an already too busy Sharing Center may seem like an extra burden for an overworked CDS, the Parent Study Group is a very important aspect of the Sharing Center concept.

Parents, especially new parents of a handicapped child, need support and information. In our highly mobile society, families are often isolated from their extended families who, in generations past, have provided support and resources for new parents. Parents of a handicapped child face an even tougher problem. Their friends and neighbors, who might also be new parents, may not be coping with the special problems of raising a handicapped child and therefore, cannot provide the empathy and support so badly needed.

One of the benefits of the Sharing Center is that it allows families to establish close ties with and receive support from other parents with similar experiences and problems in dealing with a handicapped child. The Parent Study Group provides not only for learning and receiving new information, but also for developing friendships and deepening relationships. In your program for handicapped young children, you need to attend to parent development as well as child development. Growth and education for parents is an important factor in family contentment and parenting success.

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Excerpted two of 8 pages

Establishing effective parent study groups requires careful thought and preparation. First you need to consider the group of parents who attend your Sharing Center. Most likely the group is determined by geographic proxmity rather than being hand picked by you as a group that would work well together. Does the group contain a wide variety of social and economic backgrounds? Is a wide range of type and severity of handicapping conditions represented? Does the group feel relaxed, and open with each other? Is there a need for basic child care information or is emotional support the most critical need?

You also need to consider each member of the group as an individual. Does he or she have specific interests or concerns about his or her child? Is he or she quiet and shy or comfortable in the group situation? What individual parent goals could be enhanced by the parent study group? Answering these types of questions will help you plan more effectively for your parent study group.

A third point to remember in working with parent groups is that parents are adult learners. Research has shown that adults learn best when they feels a need to know what is being presented; the learning environment is warm, relaxed, and accepting; they share in planning and operating the learning experience; and they participate actively in the learning process. Therefore, you need to involve parents as much as possible in planning for the parent study groups. Topics which relate directly to the needs of the group as a whole and to individual parents should be selected. You also need to take steps to create a warm relaxed, accepting atmosphere so parents feel at ease and are willing to participate in open, frank discussions and sharing of problems and concerns.

A useful tool in determining parent needs is a parent needs assessment survey. This questionnaire should be designed to meet the needs of your particular group and program. It should include a list of topics you feel are appropriate after carefully studying your group of parents. It should also include ample opportunities for parents to make suggestions for study group activities and ask parents how they would like to assist in planning those activities. A Parent Study Group Survey is attached which you can use as an example for developing a parent needs assessment if you are just beginning to develop a parent study group. For groups who have been doing parent study groups, a periodic oral discussion might reveal topics and activities of interest to parents.

Some practical considerations in establishing successful parent study groups involve adequate facilities, assistance and time. A physical arrangement which permits parents to be separated from their children for part of the Sharing Center time is helpful. Also, you will need enough help with your Sharing Center so that you and the parents can leave the children and know that they will be adequately supervised. The length of time of a Sharing Center may need to be increased to allow time for the parent study group.

Topics for a group just beginning to work together might include nutrition, child-proofing the home, and creative toys to make at home. It is a good idea to reserve more emotional and stress related topics for when the group is more well-established and comfortable together. Don't forget to make use of community resource people when

Macomb 0-3 Project

Revised: 5/85 SLM

Excerpted one of two pages

Video: "Infant and Toddler Development"

As you view this video on typical infant/toddler development, you will see milestones in growth and development. In order to facilitate our discussion, read through the skill sequence statements on the Core Curriculum Skill Charts within a particular age range. Keep those in mind and as you watch the videos; write down what you observe as milestones in each age catagory.

Developmental Area	2mo	5½mo	8mo
Gross Motor			
Fine Motor			
Cognitive			
Communication			
Social			
Self-Care			

DEVELOPING OBJECTIVES AND FUNCTIONAL ACTIVITIES

Pick 3 major milestones which you observed and write them down after the numbers. Then, list a developmentally appropriate objective for the child using subsequent objectives listed on the Core Curriculum charts. Finally, develop three functional activities a child might engage in to facilitate achieving the objective behavior.

1. Milestone:

    Objective:

    Activities:

    1.

    2.

    3.

2. Milestone:

    Objective:

    Activities:

    1.

    2.

    3.

3. Milestone:

    Objective:

    Activities:

    1.

    2.

    3.

Macomb 0-3 Project

ACTIVITY PLAN

Child's Name/# ______________________ CDS ____________________ Date ____________________

MATERIALS	ACTIVITY	EVALUATION
	Goal: Objective:	
	Goal: Objective:	
	Goal: Objective:	
	Goal: Objective:	
	Goal: Objective:	

OUTREACH: Macomb 0-3 Project DATE:____________________

WADE PARTICIPATION FORM

****

To be filled out for each project child attending a WADE session.

CDS/CDW/PIE:____________________

Child:______________ Parent(s)/Caregiver:____________________

Other family members/friends attending:____________________

Special Considerations for Child:____________________

Child's Level of Water Adjustment: Afraid___ Adjusted/Enjoys___ Floats ___ Swims___

Parent's Level of Water Adjustment: Afraid___ Adjusted/Enjoys___ Floats ___ Swims___

Comments:____________________

Objectives for Child	Activities/Facilitators	(+/-)

Accomplishments of the Day:____________________

Unusual Happenings____________________

COMMENTS/RECOMMENDATIONS:____________________

Macomb 0-3 Project
Excerpted one of five pages

WADE'S WAVES

IDEAS ON WATER ACTIVITIES FOR DEVELOPMENTAL ENHANCEMENT

BENEFITS OF WADE:

1. exercises muscles, strengthens them
2. enables the child to do things (in the water) that he/she could not do on land
3. prepares the child for swimming
4. helps the child to feel safe in the water, but show respect for it too
5. develops a positive attitude and self concept for the child - "I can do it!"
6. promotes development of gross/fine motor, cognitive, communication, social, and self help skills
7. provides activities families can do for a lifetime
8. increases circulation, range of motion, deeper breathing patterns, mobility, and balance-promotes normalized tone for children with motoric handicaps
9. IS FUN!!!!!!!!

REMINDERS AND HINTS:

* You and your child can do some water activities at home in a baby bath, bathtub, wading pool, backyard pool, or, using a sink or basin and toys, backyard hose, buckets, plastic containers, funnels, etc. Always supervise your baby/toddler while playing with water.

* You are a model for your child. SMILE and show your child that you enjoy being in the water. WADE activities do not have to involve going in water that is over your head. If you are very tense, talk to the CDS ahead of time and ask for assistance until you feel more comfortable.

* Each child is different. One child may love the water from the start, others may require more time to observe others and get adjusted to the water. Set the pace for your child. Remember never to force the child to do things which stressful. We want the child to associate water experiences with enjoyment.

* If you get tired supporting your child in the water - take a break or ask the CDS to hold your child. If you want to do an activity where you face your child and want your hands free, just ask the 0-3 staff to hold your child.

* Your child will need your physician's permission in order to participate in WADE.

* Remember to demonstrate, repeat, and praise when teaching new activities.

PRACTICAL SUGGESTIONS:

- Bring rubber pants with elastic legs for your child to wear in the pool INSTEAD OF DIAPERS. Bring dry pants, clothes and other things you will need for the shower after WADE.

- Thirty minutes of time in the water is plenty for a young child.

- Feed your child at least an hour before WADE. Remove all candy or gum from the child's mouth before entering the pool.

- If your child is unhappy in the water take him out to attempt to find out what is wrong. She/he may be uncomfortable, hungry, tired. Try another activity or position. If things still are not going well, try try again at the next session.

- Wear your suits under your clothes. This will make the first undressing go faster.

- Do not put oil or lotion on your child before entering the pool.

Excerpted one of three pages

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- Baby Buggy Paper 171 - Developing a Referral System
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- Make use of the News Release
- Dissemination/Community Awareness Activity Worksheets
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- Child Development Specialist
- Child Development Specialist Competencies
- Baby Buggy Paper 411 - Undifferentiated Staffing Pattern
- Implementation Procedures for the Home isit
- Steps-Up Screening Overvie
- REEL Fact Shee
- REEL Protocol
- Alpern-Boll Fact Sheet
- Alpern-Boll Protocol Sample
- Sensorimotor Assessment—Uzgiris-Hunt Ordinal Scales
- Holmes-Raye Stress Test
- Systematic Observation
- Infant Intake
- Strategies for Meeting Differential Needs
- Components of Home Visits
- Baby Buggy Paper 165 - Activity Plans for Home Visits
- How to Plan Activities
- How to Pack Activities

Macomb 0-3 Project
Excerpted one of four pages

CHILD/FAMILY INTERVENTION SUMMARY
MACOMB 0-3 REGIONAL PROJECT

Child identification number: ______

Child's name: ______________________ B.D. __________

Child entered Project: ______________ (date) ______ C.A.

Child terminated Project: ______________ (date) ______ C.A. (see termination form)

Evaluation

Test: Alpern-Boll (first administration - 2-4 weeks; then at 6 month intervals)

	1st testing score	1st testing date	2nd testing score	2nd testing date	3rd testing score	3rd testing date	4th testing score	4th testing date	5th testing score	5th testing date	6th testing score	6th testing date
Physical Age												
Self-Help Age												
Social Age												
Academic Age												
Comm. Age												
Chron. Age												

Test: REEL (first administration - 2-4 weeks; then at 6 month intervals)

	1st testing score	1st testing date	2nd testing score	2nd testing date	3rd testing score	3rd testing date	4th testing score	4th testing date	5th testing score	5th testing date	6th testing score	6th testing date
Receptive Quotient												
Expressive Quotient												
Language Quotient												
Chron. Age												

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CHILD DEVELOPMENT SPECIALIST COMPETENCIES

INTRODUCTION

The Child Development Specialist Competencies were originally developed during the Macomb Model development phase. At that time they were used as both a self and a peer evaluation instrument. Home visits were taped on a regular basis and viewed by staff at staff meetings. Each staff member rated the competencies exhibited by the Child Development Specialist (CDS) and the ratings were then discussed. In this way staff provided feedback concerning areas needing improvement, as well as positively reinforcing the CDS for skills in which he/she showed a high degree of competence.

The evaluation form was revised using the Macomb Project Home Visit Component Evaluation Checklist, Model Fidelity Profile, and 0-6 Early Childhood Handicapped Competencies which were developed through a job analysis by teachers and students, a literature review, and a ranking process completed by early interventionists. Included here are only those competencies that one might actually observe during a home visit. The competencies are divided into the following categories:

I. Competencies related to working with a child
    A. Verbal and nonverbal interaction
    B. Activities conducted with the child

II. Competencies related to working with parent(s) and family members
    A. Verbal and nonverbal interaction
    B. Parent(s) and family involvement in activities

The CDS Competencies, along with the above-listed instruments, are currently used by Outreach staff in the process of evaluating sites replicating the Home Visit component of the Macomb Model. A ranking scale of 1-5 is used to determine competency levels after viewing a videotaped home visit or after observing an actual home visit. The number which most accurately reflects the level of competence for that skill is circled; "1" is circled when the competency is not observed. Most of the competencies can be observed during any home visit. Those competencies which might not be observed at all (use of related service staff recommendations, positioning and handling, etc.) or ones ones which are appropriate to a specific home visit (IEP development, assessment, completion of forms, etc.) are noted with an (*) asterik.

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The observer should fill out the cover sheet upon observing the Home Visit. A competency average can be calculated by adding up the numbers circled and dividing that total by the total number of competencies ranked. NOTE: Do not include the rankings of those competencies marked with an (*) and ranked as "1". As these are not always observed, inclusion would not be an accurate measure of competency. The observer and CDS should then discuss the summary on the cover sheet. Those competencies marked (*) should also be discussed to ascertain if they are in evidence in other home visits. The CDS and observer, whether it be and Outreach staff member or peer, can then work as a team to develop strategies, using strength areas, to improve competencies in areas of need.

CHILD DEVELOPMENT SPECIALIST COMPETENCY SUMMARY

DATE______________________ OBSERVER_____________________________

CDS_________________________________

DESCRIPTION OF HOME VISIT SETTING AND LIST OF PARTICIPANTS;

OVERVIEW OF THE HOME VISIT:

COMPETENCY STRENGTH AREAS:

COMPETENCY NEEDS AREAS:

COMPETENCY AVERAGES:

AREA I--Competencies related to working with the child_________

AREA II-Competencies related to working with parent(s) and family members_________

COMMENTS:

CHILD DEVELOPMENT SPECIALIST COMPETENCIES

I. COMPETENCIES RELATED TO WORKING WITH CHILD

	Not Observed	Seldom	Sometimes	Frequently	Always
1.0.0 Interaction with child					
1.1.0 Verbal interaction					
1.1.1 Speaks at child's receptive language level	1	2	3	4	5
1.1.2 Responds appropriately to child's communicative efforts	1	2	3	4	5
1.1.3 Reinforces child's use of language	1	2	3	4	5
1.1.4 Provides appropriate language modeling	1	2	3	4	5
1.1.5 Expands child's language	1	2	3	4	5
1.1.6 Extends child's language	1	2	3	4	5
1.1.7 Uses positive or negative reinforcement techniques appropriately	1	2	3	4	5
1.2.0 Nonverbal interaction					
*1.2.1 Handles child appropriately (physical handling)	1	2	3	4	5
1.2.2 Interacts with the child at his/her eye level, encourages eye contact	1	2	3	4	5
1.2.3 Responds to child's communicative efforts through provision of materials, events, and so on	1	2	3	4	5
1.2.4 Uses positive and negative reinforcement techniques appropriately	1	2	3	4	5
1.2.5 Actively participates in activities with child, is playful and enthusiastic	1	2	3	4	5
1.2.6 Shows enjoyment of and affection toward child	1	2	3	4	5
1.2.7 Uses alternative modes of communication when necessary	1	2	3	4	5
2.0.0 Activities with child					
2.1.0 Focusing on task (efforts to secure the child's attending to and involvement in activities)					
2.1.1 Encourages the child	1	2	3	4	5
2.1.2 Provides verbal directions (as needed)	1	2	3	4	5

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2.1.3	Attends to interest demonstrated by child	1	2	3	4	5
2.1.4	Paces activities to the child's developmental level and interest	1	2	3	4	5
2.1.5	Organizes materials and environment to facilitate attending to a specific activity and transition from one activity to another	1	2	3	4	5
2.1.6	Provides appropriate feedback to child on performance of activity or task	1	2	3	4	5
2.1.7	Uses behavioral teaching techniques appropriately:					
	verbal assistance	1	2	3	4	5
	physical assistance	1	2	3	4	5
	modeling	1	2	3	4	5
	prompting	1	2	3	4	5
	shaping	1	2	3	4	5
	chaining	1	2	3	4	5
2.1.8	Uses negative reinforcement techniques appropriately (e.g., distracting the child from an undesirable behavior or activity to a more desirable one, or ignoring undesirable behaviors)	1	2	3	4	5
2.2.0	Development of appropriate activities					
2.2.1	Develops an activity plan, using parent input, for each home visit which outlines the activity's relation to the child's individualized plan, lists materials needed, and includes evaluative comments	1	2	3	4	5
2.2.2	Provides interesting, stimulating materials and activities that are appropriate for the child's level of development and are designed to facilitate development	1	2	3	4	5
2.2.3	Provides a variety of activities according to the interest level of the child	1	2	3	4	5
2.2.4	Provides an opportunity for the child to explore and experiment on his/her own through non-directed activities during a home visit	1	2	3	4	5
*2.2.5	Conducts activities recommended by related service personnel and integrates theraputic recommendations into activities developed for home visits and follow-up	1	2	3	4	5

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2.2.6	Develops activities that relate to functional goals and objectives--reflecting parent/family concerns and the needs of the child in current and future environments	1	2	3	4	5
2.3.0	Arranging an appropriate setting					
2.3.1	Helps parent to childproof space before conducting activities	1	2	3	4	5
*2.3.2	Positions child according to recommendations made by related service staff	1	2	3	4	5
2.3.3	Arranges child, family members and self in proximity to facilitate interaction and involvement in activities	1	2	3	4	5
*2.3.4	Conducts the home visit at a place in the home which allows for the freedom of movement needed for conducting activities and which has minimal distractions	1	2	3	4	5

II. Competencies related to working with parent(s) and family members

1.0.0 Interaction with parent(s) and family members

1.1.0	Verbal interaction					
1.1.1	Speaks at the parent's level of understanding using a minimum of professional jargon	1	2	3	4	5
1.1.2	Greets family members in a friendly, enthusiastic manner	1	2	3	4	5
1.1.3	Reviews the activities developed for the home visit, explains the purposes for the activities, and relates them to the child's individualized program plan	1	2	3	4	5
1.1.4	Asks about parents' concerns and answers their questions	1	2	3	4	5
*1.1.5	Provides general information to parents regarding general caretaking, parenting, health, nutrition, safety, and child development.	1	2	3	4	5
*1.1.6	Refers parents to other agencies and related services as needed	1	2	3	4	5
*1.1.7	Uses appropriate, sensitive interview techniques in gathering information needed to complete the systematic observation, infant intake and other forms	1	2	3	4	5
*1.1.8	Provides/interprets information from related service staff regarding evaluations, reports, and recommendations	1	2	3	4	5
*1.1.9	Provides time during home visit for conversation on topics of interest to parent(s) and family members	1	2	3	4	5

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*1.1.10	Can discuss the impact of the child's handicap on the various areas of the child's development	1	2	3	4	5
*1.1.11	Shows an interest in all family members and family functions by following up on topics they discuss, and conversing with siblings	1	2	3	4	5
*1.1.12	Provides information regarding assessment instruments use to evaluate the child and	1	2	3	4	5
*1.1.13	Involves family members in the assessment process	1	2	3	4	5
1.1.14	Displays a sense of humor when working with the family	1	2	3	4	5
1.1.15	Provides a verbal reminder of when the next home visit is scheduled as well as other appointments arranged on behalf of the family	1	2	3	4	5
*1.1.16	Helps family members be good observers of the child by reinforcing, commenting, and/or discussing their observations	1	2	3	4	5

1.2.0 Nonverbal interaction

1.2.1	Attends and listens to family members; physically orients to them and maintains eye contact	1	2	3	4	5
1.2.2	Demonstrates a positive attitude toward the family	1	2	3	4	5
1.2.3	Shows poise, enthusiasm, and confidence when working in the home	1	2	3	4	5
*1.2.4	Provides written reminder of the next home visit and/or other upcoming appointments	1	2	3	4	5

2.0.0 Family involvement in activities

*2.1.0 Inclusion of family members in activities

*2.1.1	Encourages parent to participate in activities during home visits, keeping in mind their readiness level for involvement	1	2	3	4	5
*2.1.2	Provides information regarding the purposes of the activities and their relation to the child's development	1	2	3	4	5
*2.1.3	Models appropriate techniques, language and activities for family members	1	2	3	4	5

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*2.1.4	Encourages family members to demonstrate activities they do with the child as follow-up inbetween home visits	1	2	3	4	5
2.1.5	Reinforces family members' involvement with the child and their appropriate use of techniques	1	2	3	4	5
*2.1.6	Involves parents in the development of the child's individualized program plan through discussion about the child's current level of development, strength and deficit areas, parents' concerns, skills needed in current and future environments, and related staff recommendations.	1	2	3	4	5
2.1.7	Schedules home visits so that all family members who will be involved in implementing the child's program are able attend the visits when possible	1	2	3	4	5
*2.1.8	Includes siblings in the activities conducted with the child or develops activities for siblings during home visits and spends time with them during the visit	1	2	3	4	5
*2.1.9	Provides project materials for use in the home on a loan basis	1	2	3	4	5
*2.1.10	Provides in writing an outline of functional activities to be carried out by family members with the child before the next home visit and makes suggestions to help parents carry through	1	2	3	4	5
2.1.11	Reports on child's progress towards goals and objectives due to efforts made by family	1	2	3	4	5
2.2.0	Encourages family members to assume increased responsibility for carrying out activities in keeping with their level of readiness for involvement					
*2.2.1	Asks for input and ideas for activities to be conducted at future home visits and as follow-up between visits	1	2	3	4	5
2.2.2	Develops with parent(s) follow-up activities that are functional in nature--uses materials which are readily available and inexpensive, and that fit into daily routines, lifestyles and cultural styles	1	2	3	4	5
2.2.3	Encourages parents to plan part or all of the activities, depending on their level of readiness	1	2	3	4	5
2.2.4	Encourages parents to carry out part or all of the home visit activities depending on their level of readiness	1	2	3	4	5
2.2.5	Encourages parent to plan all of the follow-up activities depending on their level of readiness	1	2	3	4	5

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New Training Materials

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Macomb 0-3 Project
Excerpted one of five pages

INDIVIDUAL CHILD/FAMILY NEEDS PROGRAM

Child's Name/ID #________________ B.D.__________ C.A.________

Parent's/Caregiver's Name(s)____________________________

Date of Plan Formation____________________________

Planning Team Members____________________________

Source of Referral____________________________

Reason for Referral____________________________

DEVELOPMENTAL ASSESSMENT

	Previous Levels of Development as Measured by the Developmental Profile	Present Levels of Development as Measured by the Developmental Profile
Gross Motor		
Fine Motor		
Cognition		
Communication		
Social		
Self Care		

Developmental Age	GROSS MOTOR	FINE MOTOR	COGNITION	COMMUN.	SOCIAL	SELF CARE
66						
60						
54						
48						
42						
36						
30						
24						
18						
12						
6						
Age in months						

Macomb 0-3 Project

Excerpted two of six pages

PLANNED DISCREPANCIES: SURPRISE ACTIVITIES TO INCREASE INFANT'S COGNITIVE DEVELOPMENT

The role that planned discrepancy plays in cognitive development has not been clearly defined at this time. It is known, however, that planned discrepancy is a determinant of attending behavior, which is the foundation of cognitive development.

Many activities may be adapted to incorporate planned discrepancies. The basic components of such activities are: 1) the infant has developed a set of expectations about an object, person, or event and 2) these expectations are violated in some way. Another consideration is that infants do not exhibit an easily identifiable surprise response for several weeks. This time can be spent acquainting the infant with his environment so that he develops some expectations about his world.

In order for an infant to be surprised, she* has to have a set of expectations. If the child sees, hears, touches, or tastes something for a period of time or learns that an object will move in a certain way, he internalizes these experiences, and expects them to remain the same. When the infant's expectations are "surprised," he is suddenly very attentive. There are physiological changes; his eyes become larger; the heart rate increases; his body becomes momentarily rigid. He realizes that something has changed. Intellectual growth takes place because there has been a change in the information already stored in the child's mind and in the incoming information. The surprise created will motivate the child into further exploration of his environment; hopefully, it will not inhibit his exploration.

When an individual experiences "surprise," she automatically focuses her attention upon the stimulus. Cognitive development depends upon this attention, as well as other origins of attention. Some theoriests believe a component of surprise is the orienting response, or, the behavioral and physiological response to a stimuli. The surprise reaction may be viewed as a property of a living organism that helps produce new knowledge about the environment. This is accomplished through adding to or changing the existing cognitive structure. (Piaget's accomodation and assimilation theory.)

The following is a list of activities geared for infants which focus on surprise. Before implementing these, it is important to note the difference between surprise and startle as explained by Charlesworth. "The capacity to be startled requires only a primitive sensitivity to sudden intense stimuli; it is a capacity present at birth." On the other hand, "the capacity to be surprised requires an ability to recognize a signal and anticipate or expect the event the signal signifies; it is the capacity that develops slowly over time and at different rates in different areas of cognitive competence."

The materials needed for these activities are toys that children normally have at home or they are items commonly found in the home. If not, they could inexpensively be purchased at a garage sale or dime store.

---

* Masculine/feminine pronouns are used interchangeable through the text.

Furthermore, all these activities are appropriate for the typical as well as atypical child. Each focuses on one or more of the senses: hear, smell, see, touch. In addition to increasing attention span, an individual will also become more aware of his body parts, how the body parts work, and the surrounding environment.

Activities should be presented in a warm and fun-loving manner. They should not be used to frustrate or frighten the child. If frustration or fright appears, discontinue the activity at once. These are enriching activities, but when performed too frequently, a child may become too timid, apprehensive and/or develop mistrust with present and future experiences.

Activities should be repeated another time if the child does not respond. The capacity to be surprised develops slowly over time, and at different rates in different areas of cognitive development. An activity or stimuli the infant is unresponsive to at one age may produce a very strong response in a few weeks or months.

ACTIVITIES

1. Materials: "Johnny Jump Up"
Carpet Squares

Procedure: Place child in the "Johnny Jump Up" suspended over a smooth floor Place a carpet square on the floor under the Jump Up. Allow the child to jump and move in the seat as he get used to the material. After he is familar with the material, remove it while the child's feet are in the air so that when his feet plant they are touching the smooth floor - a different texture.

Variation: Replace carpet square with other textures: flour, wet sand, rice, warm water, cool water, shaving cream, etc.

2. Materials: Bell with handle

Procedure: Add a bell to the child's collection of toys. As she manipulates it, she hears that when she holds it by the handle and shakes it, it will make a ringing sound. Once she makes this accommodation, place the bell upright on a surface. As the child picks it up and shakes it, there is no sound; the metal clapper has been removed.

The clapper has been replaced inside the bell and the child has again begun to enjoy the ringing. One day the child reaches for the bell, which is in an upright position. She grasps it by the handle and shakes it, but no sound. The handle has been detached from the bell.

Same procedure, but as the child shakes the bell, an unfamiliar sound will be heard. This can be higher or lower pitch by making the inside clapper larger or smaller, or muffled tone by taping masking tape on the inside of the bell.

3. Materials: Two identical containers (ideally, balls which can be opened)

Procedure: Give the child a container which she can manipulate by rolling, throwing, kicking, and carrying. The container makes no noise. After the child becomes familar with this toy, replace it with an identical container which contains a noise maker.

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Macomb 0-3 Project
Excerpted two of six pages

INFANT DEVELOPMENT - BIRTH TO ONE YEAR

Congratulations new parent(s)! Your baby's first year will be full of activity, fun and growth. During this year remember:

*Your child will develop rapidly from the newborn infant who needs your constant care to the older infant who is beginning to explore the world on her own with your help.

*Most children pass through similar development steps; however, all children develop at different rates. Development checklists should only be used as a guideline. The ages at which children are able to do certain skills vary with each individual child.

*You are your child's first and most important playmate and teacher. Don't be afraid to be playful and to play with your baby to make these learning times, too.

*Even though your child does not say words, it is important to talk to him about the things and people in his world. Pay attention to ways he "talks" to you by pointing, making sounds/noises, looking at objects, or crying in different ways for different needs. Your baby will learn that talking is important and real language will develop.

*As she begins to crawl and creep, she will be able to reach things she could not reach at earlier stages. Childproof your home for safety.

*Expensive, elborate toys are nice to have but not always necessary to promote child development and learning. Many "toys" can be items found around the house--expecially the kitchen! Homemade toys also represent an investment of your time, attention and LOVE!

****

*Watch for these skills to develop during your baby's first six months.

Motor
1. Lifts head when on stomach, on back, and when held in a sitting position
2. Rolls from stomach to back and back to stomach
3. Puts weight on one arm and reaches with other arm while on stomach
4. Pivots on stomach (rotates body) to reach a toy or person

Social
1. Likes to look at faces; smiles at familiar persons
2. Plays simple games like "peek-a-boo" or "so big"
3. Makes sounds when others talk to her
4. Waves "hi" or "bye bye"

Communication
1. Looks, moves, or makes sounds when he hears voices, music, or sounds
2. Cries differently depending on her needs
3. Turns head towards a sound that is directly to the side
4. Makes cooing sounds ("ah ah," "oo oo"), then babbling sounds ("baba, gaga")
   NOTE: If your baby does not respond in some way to loud sounds, she may not be hearing them. Contact your pediatrician if you are concerned about your child's hearing.

Cognitive
1. Looks at own hand, and at objects/toys; reaches out to "bat/swipe" at them
2. Grasps and holds objects or toys; often will put them in his mouth
3. Looks toward an object that disappears while she is watching; finds an object that is partially hidden
4. Imitates simple sounds and movements made by others

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DEVELOPMENTAL SKILLS - 1 YEAR TO 2 YEARS

Congratulations! You have survived the first year of parenthood! Your child's second year will be even more exciting. During this year remember:

*Most children pass through similar developmental steps; however, all children develop at different rates. Developmental checklists should only be used at a guideline. The ages at which children are able to do certain skills vary with each individual child.

*You are your child's first and most important playmate and teacher. Don't be afraid to be playful or to look silly. Have fun with your toddler.

*You will spend a lot of time feeding, diapering, and doing other daily care routines. Talk to and play with your toddler to make these learning times too.

*Expensive, elaborate toys are nice to have, but not always necessary to promote child development and learning. Many "toys" can be items found around the house--especially the kitchen! Homemade toys also represent an investment of your time, attention and LOVE! Children at this age enjoy novelty and so it is important to "rotate toys" or make new toys/objects available for the child periodically and shelve those she has enjoyed for awhile. Books for you and your child, are available at your library; check to see if there is a toy lending library in your community as well.

*Make appointments with your pediatrician or clinic for a well child check-up during your child's first, second, and third year.

*Your child's ability to use language will increase rapidly this year with your help. Give your child many opportunities to listen to people talk. Listen and respond to your child's talking. Imitate words your child says and encourage him to imitate new ones you say. Talk about books and objects as your child and you play with them. Don't be too concerned about whether or not your child pronounces words correctly. His intent to communicate is the most important thing. If your child is not saying words and using language by the end of this period, he may not be hearing language. Contact your pediatrician if you have concerns about your child's hearing.

*Now that your child is beginning to walk, it is even more important that you childproof your home. Be alert to potentially dangerous situations: poisonous house plants, open electric outlets/cords or heavy objects on tables. It is important that your child has opportunities to move around and explore a safe environment.

*At the beginning of this period your child should have completed the 4th DPT and 4th polio immunization and should also have had measles, mumps and rubella shots if she has not already received them.

****

*Watch for these skills to develop in your child between 12 and 24 months.

Motor

1. Side steps holding onto furniture
2. Climbs into chair
3. Walks independently
4. Creeps up and down stairs on hands and knees, then walks up stairs using the wall, railing, or adult's hand for help, both feet on each step
5. Turns hard board pages
6. Throws ball overhanded
7. Scribbles using thick crayon, chalk, or markers
8. Stacks objects like blocks and knocks them down

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RECEPTIVE EXPRESSIVE EMERGENT LANGUAGE SCALES

Assesses these areas:

Receptive Language
Expressive Language

Ages

Birth to 36 months

Purposes:

-to identify very young children who may have specific handicaps requiring intervention
-to diagnose children having language disorders

Contains:

66 items on each of two scales
0-12 months= monthly intervals
12-24 months= 2 month intervals
24-36 months= 3 month intervals

Yields:

Receptive Language Age
Expresive Language Age
Combined Language Age
Receptive Quotient
Expressive Quotient
Language Quotient

Standardization Information:

Validity--is assumed as the test was based on infant language development as described in the literature. It was tested through three independent studies on 127 children.

Reliability--Interscorer ranged from 90-100%; test-retest was .71 by the same administrators (untrained graduate assistants).

Administration:

Time--10-15 minutes

Procedure/Mode--Parent interview (techniques are outlined in the manual) and direct observation if behavior achievement is questionable

Scoring--Assess and score all receptive items first; begin at the child's chronological age or earlier. The basal score is the lowest interval with two (+) plus scores. Use the following scoring system: (+)=plus if the behavior is typical, (-)=minus if the behavior has not been observed, and (±)=plus/minus if the behavior is emerging. Give credit for the entire age range if any two of the three items in an interval are scored (+). A (±) can be counted if the other two items are scored (+), and if items within that interval are scored (+) and (-) AND the next highest interval is passed. A ceiling is reached at the highest interval where two items are scored (-).

Record that age on the face sheet of the test protocol in the box labeled Receptive Language Age: (RLA)______.

Begin assessing expressive items at that same age level that are located directly across the page. If the child does not achieve a basal, assess items at lower levels and continue assessing items at higher level until a ceiling is reached.

Record that age on the fact sheet in the box labeled Expressive Language Age: (ELA)______.

The CLA--CombinedLanguage Age is calculated by using this formula: $\frac{ELA+RLA}{2}$ =CLA.

Language quotients for each scale are calculated by dividing each of the language ages by the child's CA and multiplying by 100.

Available from:

University Park Press
233 E. Redwood St.
Baltimore MD 21201

Costs:

Manual--	$9.75
Forms--	$6.75

OUTREACH: Macomb 0-3 Project

DRAFT

W.A.D.E. PLANNING GUIDE

****

Location:

Name ______________________________
Address ______________________________
____
Phone# ______________________________
Contact Person ______________________________
Phone # ______________________________
Life Guards ______________________________
____

Schedule:

____
____
____

Participants: (include: CDSs, 0-3 children, parents or caregivers, siblings, "typical" children, guests)

____
____
____
____
____
____

Tasks	Person(s) Responsible
Invitations or Phone Call Reminders	
Planning	
Transportation	
Locker Room Help	
Toys/Equipment	
Photographs/Slides	
Community Awareness	
Snack	
Evaluation	

Things to Bring:

WADE NEEDS ASSESSMENT

Dear

We are excited about the possibility of starting a new program for you and the other families in the Birth to Three Program. The program is called WADE, which stands for Water Activities for Developmental Enhancement. WADE is a component of the Macomb 0-3 Model; Macomb staff have trained us to set up a WADE program within our program. We think this program will serve many purposes. It will:

- -be a cool, refreshing summer break (or help to combat winter "cabin fever")!
- -be fun!
- -provide new learning opportunities for our children in all areas of development-gross motor, fine motor, cognition, communication, self-care, as well as social.
- -give parents an opportunity to meet other families, develop friendships, and share the joys and concerns of family life.
- -and, give the children an opportunity to observe, talk to, play with, and learn from other children.

We are writing today to ask if you and other family members are interested in being a part of a WADE program. Please fill out the bottom portion of this letter and return it to our office, or give it to your CDS at a home visit. We look forward to hearing from you!

Sincerely,

Child Development Specialist
Birth to Three Program

* * *

PLEASE CHECK THOSE YOU WOULD ANSWER YES!!

______ We would like to be a part of the WADE program!

______ We would like to help plan and get the program "off the ground."

______ Other family members would like to come too! (List)______________________________

____

______ We need transportation to attend WADE.

______ We could pay a small fee for the use of a pool.

______ We could drive another family to the WADE program.

______ We could help out by taking slides, photos, or videos of WADE sessions.

______ We could bring a snack to share after WADE.

We could attend WADE sessions in the (circle one) morning, afternoon, evening, weekends.

WADE sessions should take place: (circle one) weekly, bi-weekly, monthly.

NAME______________________ADDRESS______________________PH#__________

WADE MEDICAL RELEASE

Dear Dr.

As you know, ______________________________ is enrolled in the __________ 0-3 program . Families enrolled in our project are offered the opportunity to participate in our WADE-Water Activities for Developmental Enhancement-Program. The purpose of the program is to provide activities designed to promote overall development, and to improve the movement and motor skills of children having motoric impairments/delays. It also gives parents of handicapped and non-handicapped children an opportunity to get together for a fun family activity, and to meet other parents, develop friendships, and share the concerns and joys of family life.

The WADE program takes place ______________________ and is located at the ___________________________. A lifeguard will be on duty at all times; parents and staff are in the water with the children as well. The water temperature will be between 90-95 degrees in order to insure the children's comfort and safety, and, to normalize the muscle tone of children having motoric impairments.

______________________________ would like to participate in the WADE program and we need your signature/permission verifying that he/she is physically able to attend.

Please mark the correct line and, if you would, take a few moments to fill in additional information. That will help us greatly in planning appropriate activities. Return it to our office at your earliest convenience. If at any time you would like to observe our program, you are most welcome to do so. Please let us know when to expect your attendance.

Sincerely,

Child Development Specialist
Birth to Three Program

****

________ Yes, ____________________________ may participate in the WADE program.

List any special precautions that should be taken: ____________________________

____

____

If the child has a motoric impairment, please list specific body movements or positions desired: ____

____

____

List specific body movements or positions that the child should not make or assume:

____

____

____

Comments: ____

____

_____ NO, ___________________________ should not participate in WADE because: __________

____

Physician's Signature ______________________________

OUTREACH: Macomb 0-3 Project

DATE:______________________

WADE PARTICIPATION FORM

****

To be filled out for each project child attending a WADE session.

CDS/CDW/PIE:____________________________

Child:____________________ Parent(s)/Caregiver:____________________________

Other family members/friends attending:____________________________

Special Considerations for Child:____________________________

____

Child's Level of Water Adjustment: Afraid___ Adjusted/Enjoys___ Floats _____ Swims_____

Parent's Level of Water Adjustment: Afraid___ Adjusted/Enjoys___ Floats _____ Swims_____

Comments:____

Objectives for Child Activities/Facilitators (+/-)

____

____

____

____

Accomplishments of the Day:____

____

____

Unusual Happenings____

____

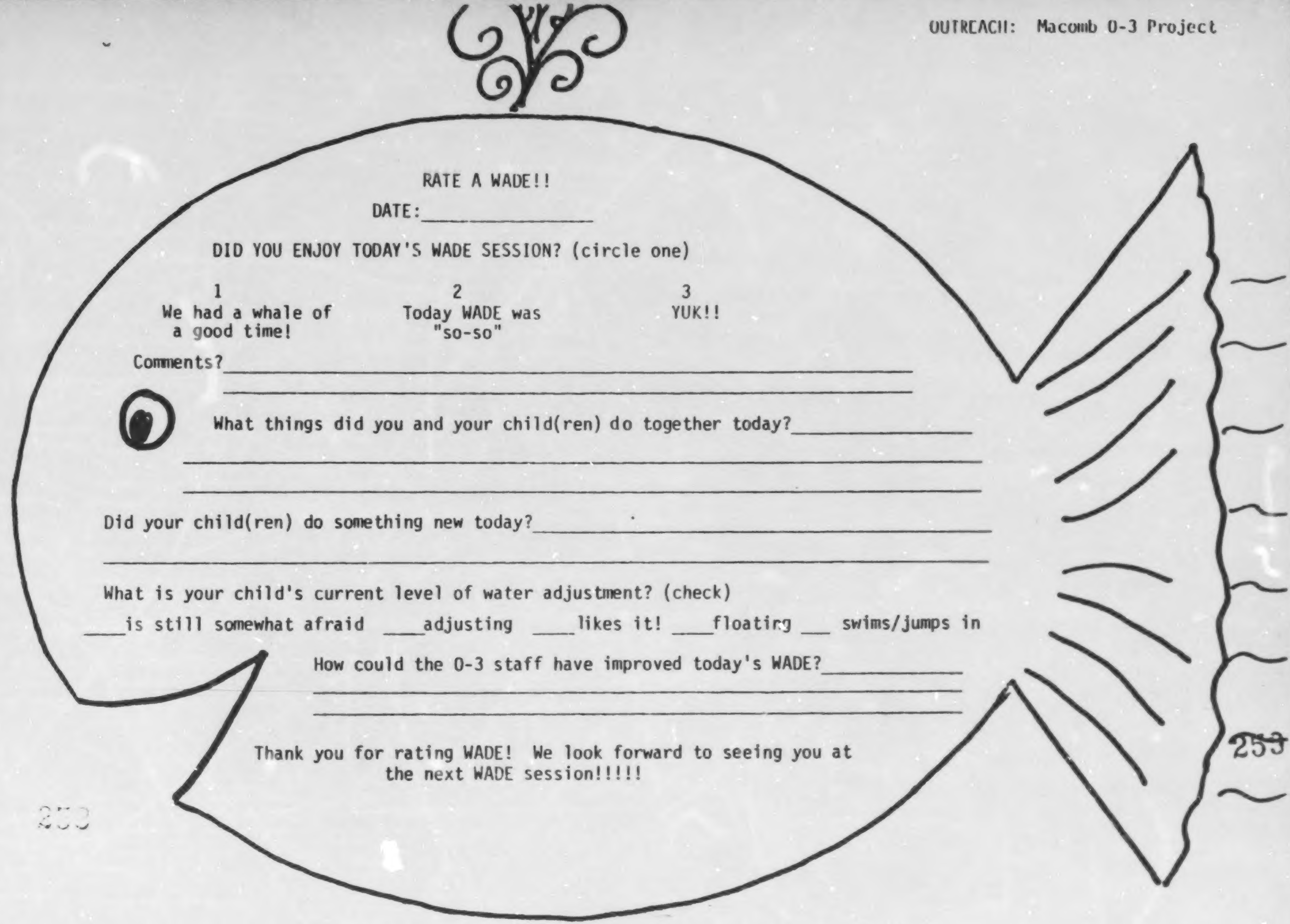
COMMENTS/RECOMMENDATIONS:____

____

____

____

____



RATE A WADE!!

DATE:________________

DID YOU ENJOY TODAY'S WADE SESSION? (circle one)

1	2	3
We had a whale of a good time!	Today WADE was "so-so"	YUK!!

Comments?____
____

What things did you and your child(ren) do together today?________________
____
____

Did your child(ren) do something new today?____________________________________
____

What is your child's current level of water adjustment? (check)

___is still somewhat afraid ___adjusting ___likes it! ___floating ___ swims/jumps in

How could the 0-3 staff have improved today's WADE?_____________
____
____

Thank you for rating WADE! We look forward to seeing you at the next WADE session!!!!!

Outreach: Macomb 0-3 Regional Projec
Macomb, IL 6145
Excerpted one of five pages

SUMMARY OF FAMILY INVOLVEMENT
WADE Program

1. How long have you been involved in your child's present educational program?
____

2. How many WADE sessions have you attended?____________________

3. I have: (Check what you have done)
3.1 ___ brought a snack or the food needed to prepare a snack at WADE
3.2 ___ shared a favorite water toy with the group
3.3 ___ provided transportation for other program families
3.4 ___ called other parents to invite them to attend
3.5 ___ invited a friend and child
3.6 ___ told other people about WADE
3.7 ___ other (list)____________________
____

4. We have done these things at WADE (Check✓)
4.1 ___ my child has watched and learned by playing with other children in the water.
4.2 ___ I learned techniques and activities to use in the water that are appropriate for my child's needs and level of water adjustment.
4.3 ___ my child engaged in water activities and is (is becoming) water adjusted.
4.4 ___ my child and I engaged in group activities and circle games during WADE sessions.
4.5 ___ my child played with floating toys and used flotation devices which aided in water adjustment.
4.6 ___ my child and I have played and had fun together
4.7 ___ I have met/talked to therapists and other people who work with my child.
4.8 ___ I have enjoyed meeting new people, adults and children at WADE sessions.

5. These people who care for my child have attended WADE sessions (Check✓ those who have attended)
5.1 ___ mother
5.2 ___ father
5.3 ___ brothers
5.4 ___ sisters
5.5 ___grandparents
5.6 ___other relatives
5.7 ___babysitter/day care
5.8 ___others____________
____

BEST COPY AVAILABLE

Macomb 0-3 Project

"TALKING" DIARY

NAME: ____________________ DAY/DATE ____________________ AGE: __________ TIME: __________

PLACE: ____________________ ACTIVITY: ____________________ WHO KEPT THE DIARY? __________

SOUND/WORD SAID	SOUND/WORD MEANT	IMITATED?	SPOKEN TO SOMEONE?	WHY CHILD SAID IT?	WHAT HAPPENED THEN?

Adapted from form in: Assessing Language Production in Children by J. Miller, University Park Press

Macomb 0-3 Project
Excerpted one of two pages

MEAN LENGTH UTTERANCE

Mean Length Utterance (MLU) is a general indicator of structural development (syntactical development) of a child's language. It can state the average number of morphemes, or the number of words in an utterence. A morpheme is the smallest meaningful unit of speech. An utterence is any self sufficient meaningful use of spoken language preceeded and followed by a pause. MLU is used as an indicator of a child's relative stage of linguistic development rather than chronological age. Age (CA or MA) can be predicted from MLU and MLU can be predicted from age. Norms were developed by Rodger Brown in his research conducted in 1973. He developed four seperate stages developmental stages based on MLU. The stages define the structures expected to be present in a child's speech during a particular age range.

MLU should be calculated on the basis on number of words in a sample of utterances of the child is approximately 20-30 months of age (early preoperational stage--speaking in 2-4 word utterances). It is found by calculating:

$$\frac{\text{total number of words}}{\text{total number of utterences}} = \text{MLU!!}$$

MLU should be calculated on the basis of the number of morphemes in a sample of utterances if the child is older. It is found by calculating:

$$\frac{\text{total number of morphemes}}{\text{total number of utterences}} = \text{MLU!!}$$

Procedures for Calculating MLU

MLU is calculated using a representative language sample--"a verbatum, transcribed record of all utterances produced by a child within a given situation over a certain period of time". It provides a picture of the child's own natural language patterns, vocabulary, and methods of intent as opposed to data collected on a standardized instrument that "indicates the child's ability to produce a predetermined response to a predetermined stimulus".

Develop a free speech sample by tape recording a 15 minute free play dyad, and a 15 minute clinical session with direction given using questions and commands. In designing a language sample setting the interacting adult should:

- choose a place that is comfortable for the child (and parent if she or/and he will be involved)
- provide toys and objects that will evoke good quality, quanity and variety of child utterences--consultation with parents can help
- avoid rigidly structuring the interaction by using "what's this" type questions, as well as talking when the child is not talking (research indicates this inhibits the child's verbalizations
- transcribe into written form the sample from audio tape with the help of others who interacted with the child in the session as soon as possible

Macomb 0-3 Project
Excerpted one of 2 pages

CHARACTERISTICS OF BROWN'S LINGUISTIC STAGES

Babbling--Age 8-12 mo
MLU=0
Cognitive Level: Sensorimotor Stage IV--Age 8-12 mo
Behaviors: Uses differentiated cries, syllabic babbling, communication games, attends to objects mom looks at, intentional actions, repeats vocalizations upon being imitated.
Examples: interactive games, CVCV vocalizations, vocalize to request, greeting, suprise

Pre-Stage I (early one word)--10-18 mo
MLU=0-1.00
Cognitive Level: Sensorimotor Stage V
Behaviors: illocutionary communicative acts, gestures+vocalizations, Halliday and Dore functions, encodes words representing objects she acts on or that move and change, uses one word for many functions.
Examples: pointing and showing, "mama", pet names, "there", "no"

Pre-Stage I (middle one word)--Age 18-24 mo
MLU=1.0
Cognitive Level: Sensorimotor Stage VI
Behaviors: rapid increase in vocabulary, uses successive single-word utterances(chained), uses agent-object reelations, asks"what's that", answers simple, routine questions, talks a lot.
Examples: "go", "stop", "no pocket", "there ball"

Early Stage I (Expression of Semantic Relations)--Age 24-27
MLU=1.01-1.99
Cognitive Level: Sensorimotor Stage VI and Beginning of Preoperations--19-24 mo
Behaviors: uses mostly single words, and sucessive single word utterances, begins to use two word utterances, uses modifer+noun phrases, noun+verb phrases uses "what this?", "what that?", "what doing?", "where going?", type phrases, yes/no questions marked by rising intonation, uses "no", and "not" phrases for negation.
Examples: "mommie go", "pick up", "that mine", "more milk", "go mommie store"

Stage II (Modulation of Meaning Through Addition of Grammatical Morphemes)
Age--27-30mo
MLU=2.00-2.49
Cognitive Level: Early Preoperations
Morphemes aquired: progressive "-ing", "in" and "on", plural "-s", "-es"
Behaviors: continued use of routine "wh" question forms and use of novel forms, continued use of noun+modifier phrases, uses noun and verb phrases for negation, questions marked by rising intonation.
Examples: "mommie running", "where puppy?", "that a chicken"

Stage III (Different Sentence Types--Questions and Negatives)--Age 31-34 mon
MLU= 2.50-2.99
Cognitive Level: Early Preoperations
Morphemes aquired: possessive "-s", past irregulars (came, ran), articles "a", "the", uncontractable copula "is", "am", "are" (as in "she is pretty"),
Behaviors: continues to use "what", "what doing", "where", questions and begins to use "why", "who", and "how" forms, noun phrase elaboration forms include demonstratives ("this", "these", "those", "that"), articles ("a",

Macomb 0-3 Project

COMMUNICATION NOTES

Communication-an activity in which meanings are effectively expressed and shared and understood by all those taking part

Language- a complex system of symbols used to communicate, thru which meaning and order can be organized and represented

Speech- the production, ordering and articulation of sounds

Phonology-articulation of sounds, our language system has 38 phonemes

Syntax- grammer, the word order in phrases/sentences (utterances), system of rules for ordering language; it begins with 2 word utterances.

Semantics- meaningful language, vocabulary

Lexicon- refers to the set of words within an individual's vocabulary

Pragmatics- the use of language to share, express meaning (even if not grammatically correct), using communication to alter the hearers, attitudes, beliefs or behavior

Morphology- the system of meaning units; a morpheme is a meaningful element which cannot be broken down to smaller ones:
free-stand alone
bound- must be connected (prefix, suffix);inflectional suffixes change plurality, tense, person, possession (-s, -ing, -ed, -'s)

Three Phases of Communication During the Sensorimotor Period

Perlocutionary Communicative Acts--Stages 1-3, 0-8 mo

Infant produces signals that are unintentional, but into which adult 'reads' intent

Illocutionary Communicative Acts--Stage 4, 8-18 mo

Infant produces conventional, socially recognized non-verbal/verbal signals used with intent

Locutionary Communicative Acts--Stages 5-6, 18-24mo

Infant uses and combines conventional verbal utterances in meaningful ways

---

Dore's Primitive Speech Acts (Core Curriculum Objective 4.7.2)

Labeling
Answering
Requesting objects/actions
Greeting/Calling
Protesting
Practicing(entertainment)
Repeating(imitation)

Excerpted from 51 pages

HEARING IMPAIRED TRAINING MODULE

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TERMS RELATING TO HEARING IMPAIRMENT

Take a few minutes to read through these terms before working on this training module. Although you may not understand all of the definitions, this process will help you in reading and understanding the subsequent sections. If you are now beginning to work with a hearing impaired child and his or her family, or soon will be, these definitions may help your understanding of the child's medical, diagnostic, or educational records. Then you will be better able to interpret them to parents/family members.

Adventitious: a hearing loss which was present at birth. The term deafened might also be used.

Age of Onset: the age at which a hearing loss occurs. In many cases the cause of the hearing loss, and therefore the age of onset, is never known.

Amplification: the use of any type of mechanical system which makes sounds louder. The term refers to personal hearing aids as well as to various systems which are used in a classroom.

Audiogram: a record of the results of a hearing test. The audiologist indicates a response by marking a graph at the point where frequency and intensity intersect.

Audiological Evaluation or Assessment: complete hearing testing done by an audiologist in a sound-treated booth using specifically measurable sounds. It may include more than one type of test.

Audiologist: a person trained to test hearing. He or she may be in private practice or affiliated with hospitals, speech and hearing centers or schools.

Audiometer: equipment used to test hearing. The most basic audiometer produces sounds which can be varied by frequency and intensity and delivered to either ear through earphones. More complex equipment can also vary the intensity of speech being delivered either through speakers or earphones.

Bilateral: refers to two sides. A bilateral hearing loss is one which occurs in both ears.

Binaural: refers to both ears. Binaural amplification means wearing hearing

Excerpted from 51 pages

INTRODUCTION AND GUIDE TO USE:

HEARING IMPAIRED TRAINING MODULE

The materials included in this training module were written for your use as a Child Development Specialist (CDS). They are intended to assist any CDS who may not have had any formal training or experience in working with young hearing impaired children. The materials provide information necessary to help you begin working with an infant/toddler who has been identified as hearing impaired and with his or her family.

Take a few minutes to review the Table of Contents and the list of terms relating to hearing impairments. You may want to read the module from beginning to end, or you may want to focus on sections that are of immediate concern or need to you. The training exercises were designed to help you apply the content to your individual needs and geographical location. Review the the exercises before reading each section so that you can be thinking and/or note-taking in order to relate concepts to those hearing impaired children with whom you are currently working.

The materials are indended to provide information that will increase your competence in working with children and families and help you be a resource to the child's parents or caregivers. Any of the information may be copied or re-written as parent materials; include a reference to this module when develop-ing new materials. You may, for example, wish to re-write some of the important points in outline form to give parents. This will provide a quick reference and will not seem a burden to busy parents who may not want detailed, lengthy reading materials. The information might also be structured into an informal lesson form if you decide to cover one or more points on a home visit. Perhaps one of the areas covered might be chosen as a topic of discussion at a parent meeting or Sharing Center.

More emphasis has been placed on causes of hearing loss and audiological matters than on suggested materials and activities. This was done because most of what you already do with any other child may be done with a hearing impaired child using a different emphasis or some adaptation. Information on child development and play activities is abundant. Information on audiological matters may be less available to you.

This module is by no means comprehensive. You may be puzzled by some information or have questions about things that have not been presented. Contact other professionals when you need assistance. If specialized related-service personnel, such as audiologists or therapists, are not available to your agency, attempt to locate them in your community and region. Call a local education agency, special education cooperative or regional service center, rehabilitation agency, hospital, clinic, school for the deaf, or university program to find out about the availability of diagnostic, therapeutic, and/or consultative services that are available to you, the child, and his family.

New and Revised Outreach and Management Procedures

Excerpted one of eleven pages

SAAP III

Outreach: Macomb 0-3 Project Staff

Revised March, 1984

Mary Strode
Sue Marshall
Linda Robinson
Bonnie Smith-Dickson
Outreach Staff

PROCEDURES FOR FILLING OUT WEEKLY EVENT RECORD

1. Please fill out carefully for each week. Data obtained may be used for accountability purposes, staff evaluation, cost accounting, etc.

2. Date: Note the order indicated (e.g., 84-04-06).

3. Contact: Indicate briefly the general category under which the entry falls. Category is to be determined by the function performed by the individual during the time of contact. (E.g., talking with a physician would be listed under "Professional helping services;" interaction with faculty from speech clinic, unless consulting on a specific topic, would be listed under "university personnel.")

4. Activity Code: Ther are five general activity categories. Please consult your list to see how to code the activity in which you engaged.

5. Time: Time spent on a given activity should be divided into hours and minutes. Common sense should apply here in determining how the day was spent. (E.g., if several phone calls were made within the same category, the time spent should consolidated into one entry.)

6. Attend: This entry refers simply to the number of persons in attendance, excluding yourself. It will not apply, obviously, to every single activity. Four digits are alloted. (E.g., 0001 if one other person was in attendance, 0000 if not applicable.)

7. Location: The place where a given activity was engaged in defines this enty. Note that a distinction is made not only be exact location, but also by county.

8. Staff ID#: A code number will be assigned to each member of the staff.

9. Description of Activity or Contact: This column is pirmarily for your own records and will not be coded. Jot down the context of your activity or anything of significance to you.

Excerpted one of eleven pages

CODE LIST AND CODING - CONTACTS

001 University personnel - administrators, faculty, secretaries

002 University students

003 Advisory Council

004 State Agencies - Child and Family Services, Homemakers, Public Health, Vocational Rehabilitation, ISBE

005 Federal Agencies - HEW, BEH, TADS

006 Community Organizations - Elks, Kiwanis, Rotary, service groups, Red Cross, Interagency Councils

007 Consultants - any paid person with definite skills or expertise in a given area who is called upon to share this expertise with the Project staff

008 Suppliers - any personal involved in making arrangements for or actually engaging in the purchase of supplies, equipment, or any commodities needed for the Project

009 Professional Helping Services - any professional engaged in delivery of helping services to individuals - e.g., doctors, nurses, pharmacists, physical therapists, occupational therapists, social workers, psychologists, speech therapists

010 Schools - any personnel associated with public school preschools other than those involved in the Project, including the Special Education Co-op

011 Day care centers, nursery schools, Headstart - any personnel associated with formalized day care centers or nursery schools

012 Media - any contacts with press, radio, t.v., etc.

013 Region 1B Consortium

014 0-6 ECH Personnel Training Project - WIU

015 Private Organizations - United Cerebral Palsy (UCP), Division of Services for Crippled Children (DSCC), Easter Seals, ACC, etc.

016 Outreach Project Staff

017 Parents, Parent Groups

018 Other - any other contacts associated with the project

019 Not Applicable

020 Sites in general - any contacts with sites as a group, e.g., training session or meeting (includes Level I sites)

Excerpted one of four pages

Site Stimulation Procedures

Procedures

1. Send awareness materials to:
   --all SIG Directors in targeted states
   --all State Facilitators in targeted states
   --State Departments of Special Education, Early Childhood Consultants
   --Special Education Regional Offices and/or Mental Health, Public Health, Regional Perinatal Centers, Developmental Disabilities Regions in target states and in states where contacts have already been made
   --all who inquire about Outreach services

   Include in mailing:
   --7 fliers on overview and training on components
   --brochure
   --abstract
   --list of materials/order blank
   --latest issue of Outreach newsletter
   --request for information form
   --Core Curriculum brochure

2. Contact all SIG Directors, State Facilitators via phone call or letter to determine needs

3. Include SIG Director, State Facilitators and other state level contacts on mailing list for project newsletter

4. Include a Request for Service form in Project newsletter

5. Provide awareness materials for participants at state, regional, and national conferences

Follow-Up Procedures

1. Follow-up state contacts by:
   --recording information about state needs as it is received
   --analyzing information and selecting new state in which to work
   --recording on-going interactions with state personnel
   --filing state contacts in that folder within the appropriate state file

2. Keep track of all interactions with state, regional and local personnel by states by:
   --recording names, addresses and the essence of interactions
   --materials about states' activities in the same state file

3. Follow-up awareness mailings to states in order of expressed interest and on basis of primary and secondary emphasis by telephone contact:
   --asking for responses to awareness materials
   --asking for specific information about those interested in receiving Outreach services
   --making an effort to define their yes, no, maybe, and I don't know answers with who, what, where, when, and how questions
   --inviting them to visit the Project site
   --telling them more about the Project

OUTREACH: Macomb 0-3 Project

Financial Agreement

This agreement is for the purpose of specifying the fiscal obligations of ____________ ____ in obtaining replication training, inservice, and/or consultation from the Macomb Project to be conducted on ______________.

TRAVEL

_________ will be paid to ____________________________ by ______________ ____________________ for airfare from ______________________ to ______________________.

_________ will be paid to ____________________________ by ______________ ____________________ for mileage from ______________________ to ______________________.

_________ will be paid to ____________________________ by ______________ ____________________ for rent a car expenses.

LODGING

_________ will be paid to ____________________________ by ______________ ________________ for lodging for _________ nights.

PER DIEM _________ will be paid to ____________________________ by ______________ ________________ for _________ days.

HONORARIUM _________ will be paid to ____________________________ by ______________ ____________________ for _________ days staff time.

TOTAL _________

____
Authorized Signature
OUTREACH: Macomb 0-3 Project
27 Horrabin Hall
Western Illinois University
Macomb IL 61455
(309)298-1634

____
Authorized Signature

____
Agency Name

____
Address

____

____

____
Telephone

Form Adapted from the Portage Project

Today's Date:______________

OUTREACH: Macomb 0-3 Project

Information Form for Training

Date of Workshop:

Sponsoring Agency:

Address -

Phone -

Contact Person-

Workshop Will Be Held:

Address-

Phone -

Contact Person-

Description of Room(s) Set-up -

Audio-Visual Equipment Provided:

Expenses the Sponsoring Agency Will Pay:

Mileage______________________	Airport Parking______________________
Airfare______________________	Other______________________
Lodging______________________	______________________
Per Diem______________________	______________________
Honorarium______________________	TOTAL:______________________
Rental Car______________________	

Special Considerations in Billing, Reimbursement, Personal Charges, etc.:

Receipts Needed by the Macomb Project:

Receipts Needed by the Sponsoring Agency:

Participants Background: (Teachers, Administrators, Related Service Personnel, Day Care, Head Start, Parents)

Number of Participants:

Types of Children Served:

Form Adapted from Portage Projec

OUTREACH: MACOMB 0-3
PROJECT

Excerpted one of two pages

Replication Site
Pre-Training
Needs Assessment

AGENCY:

ADMINISTRATOR:

CONTACT PERSON:

ADDRESS/PHONE #

MACOMB PROJECT STAFF MEMBER CONDUCTING NEEDS ASSESSMENT:

1. Type of agency--Public School, Hospital, Public Health, Other:
2. Description of region served and location of agency:
3. Cultural background of families served:
4. Types of children to be served:
5. Number of children served per CDS
6. How will the Macomb Model fit into existing agency and existing program?
7. Number of staff conducting Home Visits:
8. Describe staff structure, responsibilities, certification and experiential background:
    a. Administration:
    b. Child Development Specialists:
    c. Will there be a Master Teacher/Supervisor?
9. Philosophical orientation of existing program/staff:
10. Type and stability of funding:
11. Data needed by funding source:

Basic Assumptions Determining Contact Procedures

These assumptions are basic to the procedures for making contacts leading to adoptions of the Macomb Project Model. They are consistent with the assumptions described by Patricia Hutinger in "A Rural Child/Parent OUTREACH Project: Basic Assumptions and Principles," but do not include them all.

1. The Macomb 0-3 Regional Project can provide a valuable service which meets the needs of the community in general and of the contact in particular.
2. Every person is a potential agent for increasing awareness of the Macomb 0-3 Regional Project, the direct service provider having the greatest influence on change in services.
3. The mode of contact chosen will be most efficient if determined by results of previous conversations, level of development toward adoption, and funds available.
    1. Personal face-to-face conversation provides the most significant contact by allowing immediate response and interaction as well as time and opportunity for development of mutual trust. This is particularly important to rural people.
    2. Telephone conversation provides significant contact by allowing the immediate response and interaction necessary for clarification and further pursuit of cooperative effort, but absence of visual input requires more effort on the part of the caller to develop mutual trust. Phone calls are more economical than personal visits, especially in rural areas where contacts are so far removed geographically.
    3. Contact by letter provides the best vehicle for establishing the certainty of decisions made orally, since the written word reduces the possibility misinterpretation. However, the spoken word provides a more friendly basis on which to arrive at decisions of mutual advantage or to clarify a written statement so that it may be rewritten. A letter is more economical than a phone call or personal visit.
4. A friendly conversation which respects the integrity of the contact leads to a positive response.
    1. A soft, friendly, receptive tone, which is also firm and confident, elicits a trusting response.
    2. Discovering the needs of others leads to opportunities to provide awareness information about the Macomb 0-3 Regional Project in particular and its goals in general.
    3. Expressed knowledge of the contact -- his/her role, agency and purpose -- and of previous conversations with him/her provides opportunity for clarification and an immediate base from which to launch the conversation.

Strategies for Marketing Outreach Services

A variety of activities are employed to market Outreach services. A brochure explaining the Outreach services available has been developed. It explains the nature of the demonstration project and the Outreach services, in addition to providing names, addresses, and phone numbers for making contact. As significant materials are developed and packaged, descriptive flyers are mailed to BEH-HCEEP projects and selected target audiences. An article outlining the advantages of the model's home-based program in rural communities and the importance of early intervention will also be produced.

Informal contacts are made on a continuing basis to persons in the target areas. Phone calls, personal contacts, letters, newsletters, and other materials provide communication between Outreach staff and target area populations. As opportunities arise, general awareness activities are planned and implemented in target areas. Media coverage is sought. Working relationships are established with reporters. Photographs and slides are taken documenting progress in replication sites. These are employed to develop awareness materials for use by the replication sites.

Persons who seem interested in establishing replication sites or in contracting for one of the services are invited to the Macomb site. Phone calls and face-to-face conversations are used to follow up on initial contacts. If action is not taken by a target agency, further follow-up, including visitation by an Outreach staff member to the target agency site, is usually employed. All Project assistance to a target agency is based upon the careful assessment of need demonstrated by the target agency. The Outreach Project staff is supportive, provide services where needed, and go so far as to suggest services that may be needed; however, the target agency and its particular needs are always given careful consideration. A needs assessment, then, is of paramount importance.

Communications and requests for information or services are responded to within one week. If a request is one that is impossible to deal with in that time period, a member of the Outreach staff will immediately initiate further contact with the requesting agency and maintain contact at intervals less than a week until the request can be met.

Scheduling of service activities attempts to meet immediate needs of target agencies. Personnel training conferences are conducted (centrally located) in sites rather than in geographically removed locations.

When persons visit the Macomb site, every effort is made to meet their needs, from meeting them at the airport, if necessary, to providing informal gatherings to exchange information. Of necessity, the Project Outreach approach is an informal one, with a great deal of effort going into establishing trust and cooperative interaction among persons involved.

Follow-up services are provided into the second and third year of operation, usually with a minimum of one trip per year. Sites are encouraged to request follow-up when they determine a need for it. As target site personnel become competent in Project components, they, in turn, are used in training or workshop activities.

Most materials will be provided to replicating target agencies at no cost. Books and other materials, which have been printed at some expense, are distributed at minimal charges to cover costs.

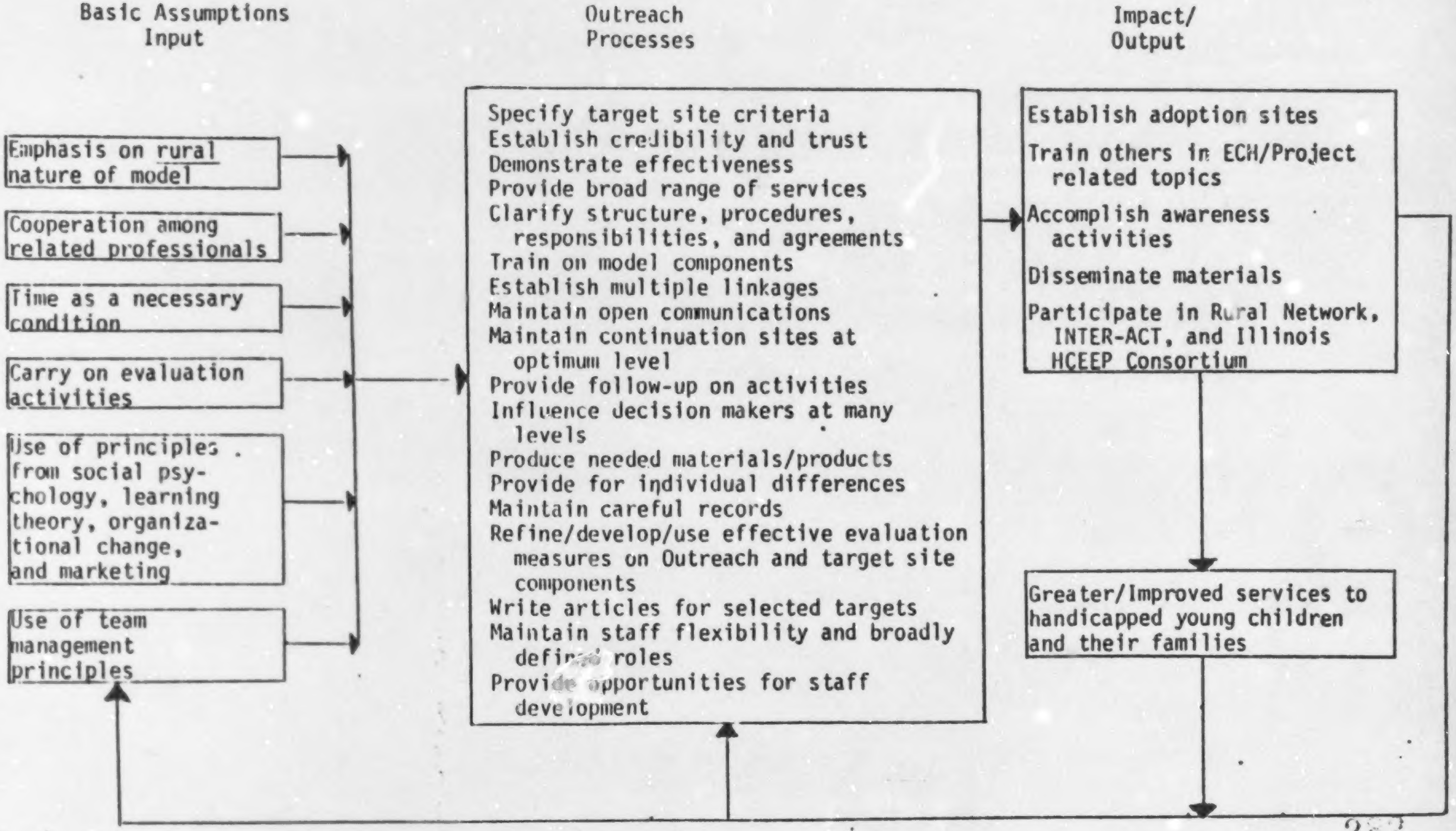
Basic Outreach Assumptions And Procedures

I. Assumption: Since the Macomb Model has demonstrated effectiveness in rural areas, major target groups are also rural.
   A. Establish credibility with rural targets.
      1. Emphasize the length of time the Project has been in operation.
      2. Provide evidence of effectiveness (Joint Dissemination Review Panel, data base, parent report).
      3. Make available the materials produced.
      4. Provide evidence of a consistent theoretical base.
      5. Emphasize the rural nature of Project.
   B. Establish trust with rural target personnel through sincere efforts to meet their needs and provision of a "neighborly" approach when visitors come to Project sites.
   C. Make the most effective use of limited resources available in rural communities.
      1. Use therapists and specialists on a consultant basis.
      2. Use nondifferentiated staffing.
   D. Provide a broad range of services to rural programs and offer and distribute materials widely.

II. Assumption: Cooperation, coordination, and open communication are essential components of a successful program.
   A. Establish multiple linkages based on functional collaboration in order to increase Project effectiveness in accomplishing stated goals and objectives.
   B. Ensure that communication within the framework is open, with easy access to Project staff, multidirectional and informal.
   C. Emphasize cooperation and coordination in order for Project staff to maintain a supporting role in activities, to help ensure successful operation, and to play a leadership role in accomplishing other needed tasks.

III. Assumption: An ample duration of time is a necessary condition for initiating change demonstrated by the presence of long-term effects.
   A. Time, patience, and persistence are required to establish contacts and adoption/replication sites.
   B. Follow-up activities and follow-up evaluation are necessary factors to establish long-term effects.
   C. Priorities are given to training sessions and activities which require longer periods of time for accomplishment, rather than short presentations.

Figure 7. A Model of an Innovative Outreach Organization: A Rural Child/Parent Service*


Basic Assumptions Input
Emphasis on rural nature of model
Cooperation among related professionals
Time as a necessary condition
Carry on evaluation activities
Use of principles from social psychology, learning theory, organizational change, and marketing
Use of team management principles
Outreach Processes
Specify target site criteria
Establish credibility and trust
Demonstrate effectiveness
Provide broad range of services
Clarify structure, procedures, responsibilities, and agreements
Train on model components
Establish multiple linkages
Maintain open communications
Maintain continuation sites at optimum level
Provide follow-up on activities
Influence decision makers at many levels
Produce needed materials/products
Provide for individual differences
Maintain careful records
Refine/develop/use effective evaluation measures on Outreach and target site components
Write articles for selected targets
Maintain staff flexibility and broadly defined roles
Provide opportunities for staff development
Impact/ Output
Establish adoption sites
Train others in ECH/Project related topics
Accomplish awareness activities
Disseminate materials
Participate in Rural Network, INTER-ACT, and Illinois HCEEP Consortium
Greater/Improved services to handicapped young children and their families

* Hutinger, P., A rural child/parent service, Outreach Project: Basic assumptions and principals. Procedings of the 1980 HCEEP Outreach Project Directors' Conference. Ypsilanti, Michigan: High Scope Press, 1980.

IV. Assumption: Continuous, ongoing evaluation of Outreach activities and products is essential in order to further the Project's goals and objectives by maintaining those that are successful.
  A. Maintenance of careful records is essential.
  B. Refining and developing effective evaluation measures is an on-going process.

V. Assumption: Effective Outreach activities combine principles of social psychology, learning theory/instructional strategies, organizational change, and marketing.
  A. Principles of social psychology are employed by Outreach staff.
    1. Cooperativeness, communication, and coordination with Project sites and linkages are essential.
    2. Strategies designed to inform and influence decision makers such as legislators at the national and state levels and key state agency personnel must be systematically implemented.
    3. Internal change leaders are natural targets for the change agent since they become influence leaders and help to shape the organizational environment and function.
    4. Structural and interpersonal systems must reinforce and legitimate each other.
    5. Systems changes set off additional interactive processes in which changes in organizational functioning not only increases outputs, but also develop the latent abilities of people.
    6. Target/client system eventually becomes a sophisticated comsumer of new programming, materials, and ideas.
  B. Marketing principles must be employed to full advantage to have a successful program.
    1. Those who adopt/replicate Project components must subscribe to the service delivery model's basic assumptions and curricular principles.
    2. Production materials and other promotional and publicity products are in language suitable for a target audience.
    3. In order to maintain broad exposure in target areas, materials using the Project logo are widely distributed and are instantly recognized.
    4. Materials developed by Project staff are available to anyone who requests them.
      a. Suggestions for futner information are freely offered.
      b. Costs are only to cover productions.
      c. Some free materials are distributed, depending on the need of the agency.
    5. There is a need for broad exposure activities as staff resources permit because the staff cannot always predict when a contact or activity will result in an adoption.

6. Articles in journals about the Project are sent to congressmen, legislators, and other decision makers, since print is a powerful media for informing decision makers.
7. Recognition of individual differences among consumers is maintained through a variety of procedures, including individualized responses to written and/or phone requests.
8. Records of products distributed are kept and followed up for further efforts at evaluating products and determining targeted audiences.

VI. Assumption: The administration of a successful Outreach project as an innovative organization is based on the use of principles derived from administration/management theory (Blake, 1979; Lambour et.al., 1980).

- A. Management of the Outreach staff and target site staff is accomplished using team management.
  - 1. Work accomplishment is from committed people.
  - 2. Interdependence is through a "common stake" in organizational purpose.
- B. Management is goal-oriented, seeking to gain results of high quantity and quality through participation, involvement, commitment, and conflict-solving.
  - 1. Staff contribute cooperatively to develop ideas and activities.
  - 2. Staff have input on decisions related to the Project.
- C. Staff structure is flexible with an easy shifting of staff responsibilities, a readiness to change, and the ability to take advantage of spontaneous opportunities.
- D. Staff roles are broadly defined.
- E. Personal growth is emphasized among Outreach staff, the continuation site staff, and the target site staff.
  - 1. Further training is supplied and encouraged.
  - 2. As target site staff become competent, they are involved in training activities and contribute cooperatively to ideas and activities.
  - 3. New staff have opportunities to develop unique skills and interests.
- F. Staff-turnover is expected; when staff move to other locations, they are encouraged to serve as disemination/replication/consultants.

OUTREACH: Macomb 0-3 Project

MODEL FIDELITY PROFILE

Needs Assessment/Evaluation Instrument

The Macomb 0-3 Project staff developed the Model Fidelity Profile for each of the project components in order to:

1) Provide specific information about each of the Macomb Model components to administrators and educators at agencies interested in adopting the Model or model components;
2) Provide a framework to assess the current status of an already existing program that is adopting Macomb Model components in order to pinpoint areas where training and technical assistance are needed for replication purposes; and
3) Assess a site's progress towards adoption/replication over time through program review and evaluation.

The Model Fidelity Profile developed for full model adoption includes content in the areas of:

1.00 Administration--program planning, personnel, physical arrangements, financial administration, evaluation and planning, reports and records, advisory board, coordination with other agencies

2.00 Services to Families--home visits

3.00 Services to Children

4.00 Staff Development

5.00 Dissemination

6.00 Core Curriculum

7.00 Sharing Centers

8.00 WADE-Water Activities for Developmental Enhancement

9.00 Program Evaluation

Individual profiles can be separated and used when sites adopt one or more components. Tasks are reviewed during initial training and are updated by Macomb staff conducting follow-up training and/or evaluations over time. Tasks required by adoption sites comprise the starred items on the profile; additional tasks that are included reflect the state of the art procedures developed subsequent to Macomb Model development. A ranking system is used; additional space is given after each item so that staff can include specific information when necessary. The Macomb staff reviews any printed information documenting task completion and copies are kept with the Profile when appropriate.

Each task is examined using the following steps:

STEP 1--Determine whether the task is relevant to the program and/or to adoption/replication. If the task is not relevant, circle "0" on the rating scale and proceed to the next item.

STEP 2--If the task is relevant, rate the current status of the project on that task using the following scale:

1. "1"-Must be Considered and Planned (The task is relevant, but work to complete it has not begun.)
2. "2"-Task Partly Completed (Work to complete the task has been started.)
3. "3"-Task Completed/In Operation (No additional work to complete this task is needed. Work related to the task may be ongoing.)

STEP 3--If the current status of the task is rated either "1" or "2", determine whether the status of that task should change during that year in order for the program to make needed or desired progress towards adoption/replication. If a change in status is indicated, record the desired status/year in the space provided.

For example, a task may be rated at "1" and the desired status for the end of the year (1985) is "3." Record a 3/84 in the space provided. If no change in status is desired, write NC in the space provided.

STEP 4--For every task where a desired change in status has been indicated, determine where the project can make the desired progress using its own resources, or whether training from the Macomb Project will be necessary to achieve the desired progress. If training is needed from Macomb Project staff, place a "T/M" in the space provided. A technical assistance need may also be indicated in relation to a task that has been rated "3"-Task Completed/In Operation. In such cases the purpose of the technical assistance would be consultative--to monitor the project's procedures in that task area and make suggestions to enhance procedures. In those instances place a "C" in the space provided.

1.00 ADMINISTRATION

PROGRAM PLANNING

*1.1 The program has a written statement of overall program goals and objectives including philosophies regarding child development and learning, 0 1 2 3 ____ ____

and family involvement in the program 0 1 2 3 ____ ____

1.2 The program has a written statement of the project's organizational structure and decision making process. 0 1 2 3 ____ ____

1.3 The program has a written statement of the roles and responsibilities of the project and the local fiscal agency. 0 1 2 3 ____ ____

1.4 The program has a written policy for involvement and collaboration with other agencies and programs. 0 1 2 3 ____ ____

1.5 The program allocates time annually for program review by administration and direct service staff. 0 1 2 3 ____ ____

1.6 The administration and personnnel are able to articulate the goals and philosophy of the program. 0 1 2 3 ____ ____

1.7 The program goals and objectives are reviewed and/or revised to reflect any shifts in program planning and development as well as revisions of state and federal laws. 0 1 2 3 ____ ____

*1.8	The procedures for providing informed consent, due process and assurance of confidentiality are being carried out as established; release of information forms are utilized when needed.	0	1	2	3	____	____
1.9	A waiting list policy has been established, when they are a legal option.	0	1	2	3	____	____
1.10	Criteria for program placement have been established.	0	1	2	3	____	____

PERSONNEL

1.1	The program has written job descriptions and qualifications.	0	1	2	3	____	____
1.2	Program staff have been hired and are carrying out their respective responsibilities as described in their job descriptions.	0	1	2	3	____	____
*1.3	Staff size is adequate for program size and the geographical region i.e., one FTE/CDS per 15 children, depending on severity of handicapping conditions and geographical location of families.	0	1	2	3	____	____
	-Specialized, related service personnel are available on a consultant basis to evaluate program children and act as transdisciplanary team members in programming and direct service.	0	1	2	3	____	____
	-Other consultant specialists are available such as medical, psychological	0	1	2	3	____	____
	-Clerical/secretarial staff are available to provide assistance to 0-3 program.	0	1	2	3	____	____
	-Aides/volunteers are utilized as needed.	0	1	2	3	____	____

*1.4 The staff have a commitment to Macomb Model philosophy and procedures. 0 1 2 3 ____ ____

PHYSICAL ARRANGEMENTS

1.1 Appropriate amount of office space is available for personnel/staff to carry out administrative tasks (phones, files, desks, shelves). 0 1 2 3 ____ ____

*1.2 A locked record keeping area is used. 0 1 2 3 ____ ____

1.3 A location is secured for Sharing Centers 0 1 2 3 ____ ____

1.4 A Resource Library is available--books, catalogues, journals. 0 1 2 3 ____ ____

1.5 Audio-Visual Equipment is available (list): 0 1 2 3 ____ ____

*1.6 Toys, instructional materials, therapeutic/adaptive equipment appropriate for young children and the space necessary for storage and retreval are available. 0 1 2 3 ____ ____

*1.7 Screening/assessment/diagnostic instruments are available. 0 1 2 3 ____ ____

1.8 A transportation system is in operation for staff and/or project families. 0 1 2 3 ____ ____

FINANCIAL ADMINISTRATION

1.1 The budget is adequate for program needs: size, staff, families served, transportation, and other considerations. 0 1 2 3 ____ ____

1.2 Budget considerations are understood by staff. 0 1 2 3 ____ ____

1.3 Procedures for analysis of cost data have been implemented. 0 1 2 3 ____ ____

1.4 Procedures for expending and monitoring project funds have been implemented. 0 1 2 3 ____ ____

1.5 Procedures for expanding funds are written and implemented if needed. 0 1 2 3 ____ ____

EVALUATION/PLANNING

*1.1 A system for collecting, storing, and retrieving evaluation data is operational for each program component. 0 1 2 3 ____ ____

1.2 Mechanisms for preparing reports containing evaluation data for target audience are in place. 0 1 2 3 ____ ____

*1.3	Staff meetings are held on a regular basis to						
	review individual cases;	0	1	2	3	____	____
	review monthly data;	0	1	2	3	____	____
	provide evaluation feedback to staff;	0	1	2	3	____	____
	plan for special projects/events;	0	1	2	3	____	____
	recognize staff achievement;	0	1	2	3	____	____
	provide support;	0	1	2	3	____	____
	give staff opportunities to consult with each other.	0	1	2	3	____	____
1.4	Audiences for dissemination of information have been targeted.	0	1	2	3	____	____
1.5	Methods for dissemination of information have been implemented.	0	1	2	3	____	____
1.6	Child gain data for all program children is collected regularly (annually) and statistically analyzed to determine overall program impact.	0	1	2	3	____	____
1.7	Sufficient other testing (criterion-based tests, developmental checklists, occupational and physical therapy reports, etc.) is compiled to provide information necessary for program planning.	0	1	2	3	____	____
1.8	When appropriate, charting of certain child behaviors is used to document changes.	0	1	2	3	____	____
1.9	Parent involvement in program activities is documented.	0	1	2	3	____	____
1.10	Subjective evaluation procedures such as observation, discussions with parents, photographs, and videotapes are used regularly and documented to evaluate children, parents/families, staff, and program activities.	0	1	2	3	____	____
1.11	Methods for parent evaluation of group activities are implemented.	0	1	2	3	____	____

1.12	A staff accountability program is used to document staff time and cost effectiveness.	0	1	2	3	____ ____

REPORTS AND RECORDS

*1.1	Records and filing system(s) are established and operational.	0	1	2	3	____ ____
*1.2	Files are maintained on each child enrolled in the project. The following are available:					
	referral forms,	0	1	2	3	____ ____
	screening results,	0	1	2	3	____ ____
	placement forms,	0	1	2	3	____ ____
	medical reports,	0	1	2	3	____ ____
	assessment results/reports,	0	1	2	3	____ ____
	diagnostic evaluations/recommendations,	0	1	2	3	____ ____
	therapists' reports,	0	1	2	3	____ ____
	individualized programs--goals and objectives,	0	1	2	3	____ ____
	home visit activity plans,	0	1	2	3	____ ____
	release forms,	0	1	2	3	____ ____
	child progress data,	0	1	2	3	____ ____
	anecdotes,	0	1	2	3	____ ____
	child/family attendence at home visits, sharing centers, WADE, and other program functions,	0	1	2	3	____ ____
	telephone contacts with the family, and	0	1	2	3	____ ____
	telephone contacts on behalf of the child/family.	0	1	2	3	____ ____
1.3	Monthly family service summaries are compiled by staff.	0	1	2	3	____ ____

ADVISORY BOARD

*1.1 There is a written description of the Board's goals and objectives. 0 1 2 3 ____ ____

*1.2 There is a written description of the Boards's membership and responsibilities. 0 1 2 3 ____ ____

*1.3 The Board meets on a regular basis; records are maintained on activities/discussion. 0 1 2 3 ____ ____

COORDINATION WITH OTHER AGENCIES

*1.1 Information is exchanged with other 0-3 programs, preschool programs, and other agencies serving young children. 0 1 2 3 ____ ____

1.2 The project is represented in community/state planning efforts for providing services to young handicapped children and their families. 0 1 2 3 ____ ____

1.3 The children being served in the project are included in the LEA/SEA child count. 0 1 2 3 ____ ____

1.4 There is an abuse/neglect reporting policy known and implemented by administators and staff. 0 1 2 3 ____ ____

*1.5 The project has developed collaborative agreements with other agencies for necessary services. 0 1 2 3 ____ ____

2.00 SERVICES TO FAMILIES

*2.1	The philosophy, goals, and objectives for parents and family involvement have been communicated to staff and parents, as well as to related personnel and the community.	0	1	2	3	___	___
*2.2	Procedures for orienting the family to the project have been implemented.	0	1	2	3	___	___
*2.3	Family needs have been determined through observation, discussion with members, and with related service personnel.	0	1	2	3	___	___
*2.4	Indirect services that are designed to meet family needs i.e., consultative, medical, respite, diagnostic, spiritual have been implemented.	0	1	2	3	___	___
*2.5	Information is shared with families as required by PL94-142, by other federal, state, or local laws or by the funding agency.	0	1	2	3	___	___
*2.6	Project staff members assume a role of support for families.	0	1	2	3	___	___
*2.7	Family-family support activities are implemented via Sharing Centers or other programs.	0	1	2	3	___	___
2.8	Staff encourage family involvement in the child's program at the family's level of readiness for participation.	0	1	2	3	___	___

2.9	Staff encourage families to assume an advocacy role for their children.	0	1	2	3	___	___
*2.10	Parent satisfaction data are obtained four months after enrollment and at six month intervals thereafter.	0	1	2	3	___	___
2.11	Data are collected to document the extent of progress (or change) in family members when appropriate.	0	1	2	3	___	___
2.12	Data are collected to document direct and indirect services provided to families.	0	1	2	3	___	___
2.13	Staff notify family at earliest possibility of scheduling changes of Home Visits, Sharing Centers, WADE, indirect service appointments, or other project activities.	0	1	2	3	___	___

HOME VISITS

2.1	Home visits are scheduled at a time agreed on by the agency and family, keeping in mind the child's optimal time for interaction, and the family's optimal time for involvement.	0	1	2	3	___	___
2.2	Families who have children exhibiting mild delays or who are at-risk for whom Home Visits are not warranted, are offered an opportunity to participate in the Sharing Center program as a way for staff to moniter the child for future delays.	0	1	2	3	___	___
*2.3	Family members provide input into the development of an individualized plan for the child.	0	1	2	3	___	___

*2.4 During the initial assessment period, the family provides information needed for infant intake, systematic observation and formal assessments (REEL, Alpern-Boll, Uzgiris-Hunt) as well as signing agreed upon forms, e.g, initial home visit; approval for placement; transportation, photo, field trip release forms; and medical releases. 0 1 2 3 ____ ____

*2.5 The CDS provides information or interpets information developed by other team members during the evaluation process to family members prior to a formal staffing/or IEP development meeting. The staffing may take place in the home with the CDS assuming a case manager role. 0 1 2 3 ____ ____

*2.6 The CDS arrives on time and stays for the time alloted for a Home Visit; he/she reminds parents of the schedule when necessary and notifies them of schedule change at the earliest opportunity. 0 1 2 3 ____ ____

*2.7 Home visits are scheduled weekly, bi-weekly, or monthly depending on the needs of children and families. 0 1 2 3 ____ ____

*2.8 The CDS helps family to child proof space used during the home visit. 0 1 2 3 ____ ____

*2.9 The CDS reviews planned activities and the purposes for activities at the beginning of each session; he/she relates them to the activities conducted at the last visit when appropriate. 0 1 2 3 ____ ____

*2.10 The CDS models the activities for family members to observe. 0 1 2 3 ____ ____

*2.11 The CDS encourages the parent to engage in the activity with the child, and reinforces appropriate techniques/strategies they use with the child. He/she points out ways to intervene more appropriately when needed. 0 1 2 3 ____ ____

*2.12 The CDS and family members share information concerning the activity. 0 1 2 3 ____ ____

*2.13 The CDS plans home visits to be as child and family-focused as possible. 0 1 2 3 ____ ____

*2.14 Time is alloted for exploratory, non-directed free play and interaction with toys and objects; the CDS models and discusses appropriate levels of interaction during free play in terms of the child's handicap and ability level. 0 1 2 3 ____ ____

*2.15 Families have the opportunity to use project materials and toys on a short term loan basis. 0 1 2 3 ____ ____

*2.16 The CDS communicates with and carries out techniques and activities suggested by other professionals working with the child. 0 1 2 3 ____ ____

*2.17 An activity plan is developed for each home visit including activity, objective, materials needed, evaluation and follow-up. 0 1 2 3 ____ ____

*2.18 Reassessment of child and family needs is conducted at six month intervals; a new individualized program is then developed. 0 1 2 3 ____ ____

3.00 SERVICES TO CHILDREN

*3.1	Casefinding/intake activities are ongoing or completed; a referral system has been established that is functional and effective with LEA's, social service agencies, medical/helping professions and the community at-large.	0	1	2	3	____	____
3.2	Community screening programs have been implemented.	0	1	2	3	____	____
3.3	The project has admitted and is currently serving the number and type of children specified in its plans.	0	1	2	3	____	____
*3.4	Referral procedures for handicapped children who were not admitted to the project have been carried out.	0	1	2	3	____	____
*3.5	Each child referred to the project is screened using a standardized instrument within the child's home environment (or at a community screening).	0	1	2	3	____	____
*3.6	Assessment procedures have been carried out for each child enrolled in the program using assessment instruments agreed upon by the program staff and the Macomb project.	0	1	2	3	____	____
*3.7	Data is maintained on child progress toward achieving goals and objectives.	0	1	2	3	____	____
*3.8	An individual program plan has been developed for each child admitted to the project based on assessments, observation and parent input.	0	1	2	3	____	____

*3.9 Children are reassessed at six month intervals; on-going data collection is maintained and provided to the Macomb Project. 0 1 2 3 ____ ____

*3.10 Sufficient additional curriculum/instructional materials, and adaptive equipment have been acquired to carry out the project's instructional program. 0 1 2 3 ____ ____

*3.11 Staff have received training on the use of the Core Curriculum. It has been adopted and used in developing individualized programs. 0 1 2 3 ____ ____

*3.12 An individual record file on each child served by the project is being maintained (see Administration/Records and Reports #2). 0 1 2 3 ____ ____

*3.13 Procedures for securing services for children through other agencies have been implemented. 0 1 2 3 ____ ____

*3.14 Procedures for assisting a child's transition into another program have been implemented. 0 1 2 3 ____ ____

*3.15 Follow-up procedures for tracking project children over time have been designed and implemented; data is tabulated yearly. 0 1 2 3 ____ ____

*3.16 Children enrolled in the program make developmental gains similar to those achieved during the Macomb Model development phase as reported in their JDRP proposal (criteria for replication). 0 1 2 3 ____ ____

*3.17 The child and family are visited at regular intervals; visits are child and family-focused and include developmentally appropriate activities, free play between child and family, discussion with CDS (see Services to Families/Home Visits).	0	1	2	3	___	___
*3.18 The child's environment and interaction with caregivers is formally and informally assessed; program plans are made reflecting areas of need.	0	1	2	3	___	___

4.00 STAFF DEVELOPMENT

*4.1	Staff receive initial training on Macomb Model components and procedures (Home Visits, Sharing Centers, WADE, Core Curriculum, and Program Evaluation); follow-up is carried out at regular intervals.	0	1	2	3	___	___
4.2	The program provides for transition and orientation in Model procedures for new staff.	0	1	2	3	___	___
*4.3	Competency checklists are used in self and supervisory evaluations of staff performance and to identify staff development/training needs.	0	1	2	3	___	___
*4.4	Staff development activities are held on an on-going basis at regular intervals.	0	1	2	3	___	___
*4.5	Data is kept on the extent of progress or change in staff competence as a result of staff development activities.	0	1	2	3	___	___
*4.6	Adequate release time and financial support in terms of staff needs are allotted for staff development activities.	0	1	2	3	___	___
*4.7	Information on non-differentiated staffing patterns is disseminated to staff; they are provided with a printed job description and an outline of responsibilities.	0	1	2	3	___	___
*4.8	Documentation of staff development activities is maintained on monthly family service summaries and tabulated annually.	0	1	2	3	___	___
*4.9	Satisfaction with Staff Development Questionnaire is completed at six month intervals.	0	1	2	3	___	___

5.00 DISSEMINATION

5.1 Plans for developing public awareness of the need for services for young handicapped children have been implemented. 0 1 2 3 ____ ____

*5.2 Plans for providing information to the public about the project have been implemented. 0 1 2 3 ____ ____

5.3 Procedures for demonstrating project components to the public have been implemented (criteria for replication). 0 1 2 3 ____ ____

5.4 Potential sources and activities for expansion of funds have been implemented when appropriate. 0 1 2 3 ____ ____

5.5 Effective and productive working relations with the medical community, local education agencies, and local social service agencies have been established. 0 1 2 3 ____ ____

6.00 CORE CURRICULUM

*6.1 Program staff have been trained by Macomb staff to implement the Core Curriculum component (list date and staff names).	0	1	2	3	____	____
*6.2 Program staff are able to articulate the philosophical basis from which the curriculum was developed.	0	1	2	3	____	____
*6.3 Staff can articulate the concept of "functional curriculum."	0	1	2	3	____	____
*6.4 Staff are able to differentiate between goals, objectives and activities.	0	1	2	3	____	____
*6.5 Staff use referenced skill sequence charts when observing child behavior and when interviewing family members to place the child within the curriculum.	0	1	2	3	____	____
*6.6 Data from observation, standardized assessments, diagnostic assessments, criterion-referenced tests, as well as family related service staff input are used to place the child in the curriculum and to develop an individualized program plan.	0	1	2	3	____	____
*6.7 Staff have a working knowledge of the content within each curricular area:						
-Gross Motor	0	1	2	3	____	____
-Fine Motor	0	1	2	3	____	____
-Cognition	0	1	2	3	____	____
-Communication	0	1	2	3	____	____
-Social	0	1	2	3	____	____
-Self Care	0	1	2	3	____	____
*6.8 The Curriculum is used with the target population for which it was intended.	0	1	2	3	____	____
6.9 The program resource library includes reference works cited in the Curriculum.	0	1	2	3	____	____

6.10	Related service staff are familiar with the content and use of the curriculum.	0	1	2	3	____	____
*6.11	Related service staff provide adaptations for skill sequences for children having diagnosed handicapping conditions.	0	1	2	3	____	____
6.12	Related service staff are encouraged to integrate Curriculum goals and objectives into therapeutic sessions.	0	1	2	3	____	____
*6.13	Staff are able to explain to parents the significance/importance of individual skill area statements and skill sequence statements (goals and objectives).	0	1	2	3	____	____
*6.14	Core Curriculum goals and objectives are formally included on IEP forms.	0	1	2	3	____	____
*6.15	Activity plans for home visits are developed to facilitate targeted Core Curriculum goals and objectives.	0	1	2	3	____	____
*6.16	Parents are encouraged to follow through on conducting activities to promote acquisiton of curricular goals and objectives from visit to visit.	0	1	2	3	____	____
*6.17	Program Planning Guides are used to record initial placement and on-going achievements.	0	1	2	3	____	____
6.18	Staff develop additional activities that are functional in nature to facilitate curricular goals and objectives.	0	1	2	3	____	____
*6.19	Reassessment and programming are regularly conducted at six month intervals or oftener.	0	1	2	3	____	____
*6.20	Program procures appropriate instructional materials/resources and adaptive equipment to carry out curricular goals.	0	1	2	3	____	____

7.00 SHARING CENTERS

*7.1.	Program staff have been trained by Macomb staff to implement the Sharing Center component (include date and staff names).	0	1	2	3	4	____	____
*7.2	Program staff are able to articulate the rationale, goals, and objectives of the Sharing Center component to parents, professionals and the community at-large.	0	1	2	3	4	____	____
*7.3	Program staff have a commitment to Sharing Center objectives and procedures.	0	1	2	3	4	____	____
*7.4	Family involvement and interest levels are assessed formally or informally prior to implementation.	0	1	2	3	4	____	____
*7.5	Individual Sharing Centers are discussed with families ahead of time; staff call the family, or send a written reminder (invitation, agenda, program).	0	1	2	3	4	____	____
*7.6	Sharing Centers are held in an acceptable, safe, comfortable environment in an appropriate location, in terms of geographical location, group size, and type of program.	0	1	2	3	4	____	____
*7.7	Non-handicapped children and family members attend Sharing Centers regularly.	0	1	2	3	4	____	____
*7.8	A written plan is developed outlining the schedule, activities, objectives, and materials needed for an individual Sharing Center.	0	1	2	3	4	____	____
*7.9	Children's individual needs and goals are considered in developing activities and in structuring Centers.	0	1	2	3	4	____	____
*7.10	Activities are family-child centered, not staff-child centered.	0	1	2	3	4	____	____
*7.11	The families' individual needs/goals are considered in developing activities and structuring Sharing Centers.	0	1	2	3	4	____	____
*7.12	Parents are given opportunities to participate in planning, participating in and implementing Centers.	0	1	2	3	4	____	____

*7.13 Children whose delays or handicaps do not warrant home visit involvement are offered an opportunity to attend Sharing Centers with family members as a way for program staff to moniter development.	0	1	2	3		____	____
*7.14 The number of parents attending the Centers meets the criteria of program developers.	0	1	2	3		____	____
*7.15 The Sharing Center area is adequately childproofed.	0	1	2	3	4	____	____
*7.16 A snack is prepared at or brought to the Sharing Centers.	0	1	2	3	4	____	____
*7.17 Staff model appropriate language and behaviors for family members to observe.	0	1	2	3	4	____	____
*7.18 Sharing Centers are held monthly or bi-monthly.	0	1	2	3	4	____	____
*7.19 Transportation is provided when needed.	0	1	2	3	4	____	____
*7.20 Sharing Centers are scheduled for at least a two hour time block.	0	1	2	3	4	____	____
*7.21 Sharing Centers are scheduled at a time which facilitates optimal child-family involvment.	0	1	2	3	4	____	____
*7.22 Parent study groups, involving topical discussion, speakers, or the media are conducted at each Center, or at least periodically.	0	1	2	3	4	____	____
*7.23 Special guests, (administrators, visitors, related service personnel) are invited to attend Centers periodically.	0	1	2	3	4	____	____
*7.24 Individual Centers are evaluated by families and staff; data and comments are documented, summarized and used for future planning.	0	1	2	3	4	____	____
*7.25 Families and staff indicate favorable responses to Centers. (criteria for replication).	0	1	2	3	4	____	____
*7.26 Plans are developed/implemented to increase the community's awareness of the Sharing Center program.	0	1	2	3		____	____

8.00 WADE-Water Activities for Developmental Enhancement

*8.1	Program staff have been trained by Macomb staff to implement the WADE component (include date and staff names).	0	1	2	3	____	____
*8.2	Program staff are able to articulate the rationale, goals, and objectives of the WADE component to families, professionals, and the community at-large.	0	1	2	3	____	____
*8.3	Program staff have a commitment to WADE goals and procedures.	0	1	2	3	____	____
*8.4	Family involvment and interest are assessed formally or informally prior to implementation.	0	1	2	3	____	____
*8.5	Family members are encouraged to engage in water play activities at home.	0	1	2	3	____	____
*8.6	Parents are cautioned about "infant water intoxication" and are told about measures taken to guard against it in the WADE program.	0	1	2	3	____	____
*8.7	Facilities are appropriate for a WADE program:						
	-pool facilities are easily accessable by families/staff;	0	1	2	3	____	____
	-pool temperature is maintained at 90-95 degrees;	0	1	2	3	____	____
	-shower facilities are available;	0	1	2	3	____	____
	-a certified lifeguard is present; and	0	1	2	3	____	____
	-changing tables or blankets are provided.	0	1	2	3	____	____
*8.8	WADE sessions are limited to 30 minutes in pool time.	0	1	2	3	____	____
*8.9	Parents are formally or informally orientated to the WADE program.	0	1	2	3	____	____
*8.10	All children enrolled in WADE have a physician's permission to attend (and a therapist's permission when needed).	0	1	2	3	____	____
*8.11	Program staff develop a plan for each session including schedule, participants, and individual responsibilities.	0	1	2	3	____	____

*8.12 A WADE participation form is completed for each child attending WADE including:						
-child and caregiver's levels of water adjustment;	0	1	2	3	____	____
-special considerations for child;	0	1	2	3	____	____
-other family members and friends who will be attending;	0	1	2	3	____	____
-objectives for the child;	0	1	2	3	____	____
-accomplishments of the day;	0	1	2	3	____	____
-unusual happenings; and	0	1	2	3	____	____
-recommendations for next session.	0	1	2	3	____	____
*8.13 Water adjustment activities, procedures, and techniques are demonstrated and/or conducted with children and family members.	0	1	2	3	____	____
*8.14 Program staff demonstrate activities and techniques for family members to use with their child(ren) in the water that are appropriate for the child's needs and level of water adjustment.	0	1	2	3	____	____
*8.15 Floating toys/objects and flotation devices are used when appropriate.	0	1	2	3	____	____
*8.16 Group activities and circle games are used during WADE sessions.	0	1	2	3	____	____
*8.17 Snacks are brought to share at the end of WADE sessions.	0	1	2	3	____	____
*8.18 Each WADE session is evaluated by staff and families; data is maintained and used in future planning.	0	1	2	3	____	____

9.00 PROGRAM EVALUATION

*9.1	A system for collecting, storing, and retrieving evaluation data is operational for each program component.	0	1	2	3	____	____
*9.2	Mechanisms for preparing reports containing evaluation data for target audiences are in place.	0	1	2	3	____	____
*9.3	Target audiences for dissemination of information have been identified.	0	1	2	3	____	____
*9.4	Methods for dissemination of information have been identified.	0	1	2	3	____	____
*9.5	Child gain data for all program children are collected regularly (annually) and statistically analyzed to determine overall program impact.	0	1	2	3	____	____
*9.6	Children are assessed at regular intervals using a standardized instrument to allow statistical analysis of scores.	0	1	2	3	____	____
*9.7	Sufficient other testing (criterion-based tests, developmental checklists, occupational and physical therapy reports, etc.) is completed to provide information necessary for program planning.	0	1	2	3	____	____
*9.8	When appropriate, charting of certain child behaviors is used to document change.	0	1	2	3	____	____
*9.9	Parents are surveyed on a regular basis to determine satisfaction with the program.	0	1	2	3	____	____
*9.10	Parent involvement in program activities is documented.	0	1	2	3	____	____
*9.11	Data are collected to measure changes in the behavior and/or attitudes of family members when appropriate.	0	1	2	3	____	____
*9.12	Data are collected to document direct and indirect services provided to families.	0	1	2	3	____	____

*9.13	Subjective evaluation procedures such as observation, discussions with parents, photographs/slides, and videotapes are used regularly to evaluate children, families, staff and program activities.	0	1	2	3	____	____
*9.14	General information about the child and family is collected to aid in programming for the child.	0	1	2	3	____	____
*9.15	Methods for parent evaluation of group activities are implemented.	0	1	2	3	____	____
*9.16	Competency checklists are used on a regular basis in self and supervisory evaluation of staff performance and to identify staff development/training needs.	0	1	2	3	____	____
*9.17	Data are kept on the extent of progress or change in staff competencies as a result of staff development activities.	0	1	2	3	____	____
*9.18	Staff development activities are documented and tabulated annually.	0	1	2	3	____	____
*9.19	Staff are surveyed regularly for satisfaction with staff development activities.	0	1	2	3	____	____
*9.20	A staff accountability program is used to document staff time and cost effectiveness.	0	1	2	3	____	____

MODEL FIDELITY PROFILE REFERENCES

Needs assessment index for programs serving handicapped preschool children Virginia Association of First Chance Projects.

Program questionnaire/observation checklist Project RHISE/Outreach, Children's Development Center, 650 N. Main St., Rockford, Illinois.

Program evaluation outline, Human Development Facilitator, Rockford, IL.

OUTREACH: Macomb 0-3 Project products, training materials, evaluation procedures.

HCEEP demonstration project profile: A needs assessment instrument TADS/ WESTAR.

```
163.00

---- RECORD NUMBER ----          282

(1) REFERENCE CODE
329
(3) NAME OF INSTITUTION
FULTON COUNTY BOARD OF EDUCATION
(4) ADDRESS
80 EAST FULTON STREET,  COLUMBUS, OH  43215
(5) DATE OF ORDER
OCTOBER 12, 1983
(6) QUANTITY OF DISSEMINATION MATERIALS PURCHASED
16 SETS OF BABY BUGGY BOOKS AND BABY BUGGY PAPERS
(7) PRICE
496.00

---- RECORD NUMBER ----          283

(1) REFERENCE CODE
330
(3) NAME OF INSTITUTION
RURAL INFANT INTERVENTION PROGRAM, TRI-COUNTY COMMUNITY  ACTION AGENCY
(4) ADDRESS
ROUTE 3, BOX 91, ATHENS, OH  45701
(5) DATE OF ORDER
NOVEMBER 17, 1983
(6) QUANTITY OF DISSEMINATION MATERIALS PURCHASED
BABY BUGGY BOOKS 1, 2, 3, 4, AND PAPERS
(7) PRICE
28.00

---- RECORD NUMBER ----          284

(1) REFERENCE CODE
331
(2) NAME
DEIDRE SALES
(3) NAME OF INSTITUTION
NORTHEAST CHILD DEVELOPMENT CENTER
(4) ADDRESS
1313 [illegible] AVENUE EAST, SPOKANE, WA  [illegible]
(5) DATE OF ORDER
NOVEMBER 17, 1983
(6) QUANTITY OF DISSEMINATION MATERIALS PURCHASED
BABY BUGGY BOOK 1
(7) PRICE
6.50

---- RECORD NUMBER ----          285

(1) REFERENCE CODE
332
(2) NAME
MELANIE [illegible]
(3) NAME OF INSTITUTION
STARLIGHT SCHOOL
(4) ADDRESS
1330 NEWARK ROAD,  ZANESVILLE, OH  43701
(5) DATE OF ORDER
NOVEMBER 17, 1983
(6) QUANTITY OF DISSEMINATION MATERIALS PURCHASED
BABY BUGGY BOOKS 1, 2, 3, 4
(7) PRICE
16.00

---- RECORD NUMBER ----          286

(1) REFERENCE CODE
333
(2) NAME
MARY FLYNN
(3) NAME OF INSTITUTION
STEARNS COUNTY O. A. C.
(4) ADDRESS
820 8TH AVENUE SOUTH       ST. CLOUD, MN  56301
(5) DATE OF ORDER
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Appendix E: Adoption Agreements

55.1
10/81

AGREEMENT: ADOPTION OF COMPONENT

OUTREACH: Macomb 0-3 Regional Project

Project KIDS-St. Joseph's Hospital agrees to adopt the Sharing Center component(s) of the Macomb 0-3 Regional Project model. Training will involve 1 staff members, serving ______ children.

Project KIDS agrees to :

1. Participate in initial training at the Project site for 1 staff members. (took place at Montana Conference 4/84)
2. Host on-site follow-up training as needed.
3. Host component follow-up evaluations two months and four months after completion of training. These evaluations may include observation, videotaping of activities and completion of questionnaires by staff and parents.
4. Document number of children and parents participating in the Sharing Center component and supply information on handicapping conditions.

The OUTREACH: Macomb 0-3 Regional Project staff will:

1. Provide initial training for 1 staff members at the Project site for 1 day(s). (took place at Montana Conference)
2. Provide pertinent written materials to staff free of charge.
3. Provide on-site follow-up training as needed.
4. Provide component follow-up evaluations two months and four months after completion of training.
5. Be available for consultation and further training as requested.

6/6/84
Date

KIDS/Jeff Shoemaker
Adopting Agency

5/3/84
Date

Sue Marshall
OUTREACH: Macomb 0-3 Regional Project

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S 6.1
10/81

AGREEMENT: ADOPTION OF MODEL

Chauncy Pre-School agrees to replicate the Macomb 0-3 Regional Project model for services to handicapped children and their families. Replication of the model will involve 2 staff members, serving 6 children.

Chauncy Pre-School agrees to:

1. Implement the home visit and sharing center components of the model.
2. Participate in initial training at the Project site for 2 staff members.
3. Host on-site follow-up training as needed.
4. Host follow-up evaluations two month and four months after completion of training. These evaluations may include observations, videotapings of activities and completion of questionnaires by staff and parents.
5. Complete child and parent assessments at six month intervals.
6. Document the number of parents and children participating in home visits and sharing centers. Document number and types of handicapping conditions.

The OUTREACH: Macomb 0-3 Regional Project staff agrees to:

1. Provide initial on-site training for 2 staff members for 2½ day(s).
2. Provide written materials needed for training and replication free of charge.
3. Provide on-site follow-up training as needed.
4. Conduct follow-up evaluations two and four months after training.
5. Be available for further consultation and training if requested.

M. Christa Chandler — 9-7-84
Replication Agency — Date

Sue Marshall - Trainer — 9-7-84
OUTREACH: Macomb 0-3 Regional Project — Date

S5.1
10/81

AGREEMENT: ADOPTION OF COMPONENT

OUTREACH: Macomb 0-3 Regional Project

ZIPP agrees to adopt the Core Curriculum/ Home Visits component(s) of the Macomb 0-3 Regional Project model. Training will involve 1 staff members, serving 7 children.

ZIPP agrees to :

1. Participate in initial training at the Chauncy, Ohio site for 1 staff members.
2. Host on-site follow-up training as needed.
3. Host component follow-up evaluations two months and four months after completion of training. These evaluations may include observation, videotaping of activities and completion of questionnaires by staff and parents.
4. Document number of children and parents participating in the Core Curriculum Home Visit component and supply information on handicapping conditions.

The OUTREACH: Macomb 0-3 Regional Project staff will:

1. Provide initial training for 1 staff members at the Chauncy, Ohio site for 1 day(s).
2. Provide pertinent written materials to staff free of charge.
3. Provide on-site follow-up training as needed.
4. Provide component follow-up evaluations two months and four months after completion of training.
5. Be available for consultation and further training as requested.

Martha L Mitchell ZIPP
Date ______ Adopting Agency

Sue Marshall-[illegible]
Date ______ OUTREACH: Macomb 0-3 Regional Project

S5.1
10/81

AGREEMENT: ADOPTION OF COMPONENT

OUTREACH: Macomb 0-3 Regional Project

Little River Cooperative agrees to adopt the Sharing Center component(s) of the Macomb 0-3 Regional Project model. Training will involve 1 staff members, serving 4-6 children.

Little River Cooperative agrees to :

1. Participate in initial training at the Project site for 1 staff members.
2. Host on-site follow-up training as needed.
3. Host component follow-up evaluations two months and four months after completion of training. These evaluations may include observation, videotaping of activities and completion of questionnaires by staff and parents.
4. Document number of children and parents participating in the Sharing Center component and supply information on handicapping conditions.

The OUTREACH: Macomb 0-3 Regional Project staff will:

1. Provide initial training for 1 staff members at the Project site for 2 day(s).
2. Provide pertinent written materials to staff free of charge.
3. Provide on-site follow-up training as needed.
4. Provide component follow-up evaluations two months and four months after completion of training.
5. Be available for consultation and further training as requested.

February 10, 1983
Date

Barbara Schaefer
T. Myers Asst. Supt'd.
Adopting Agency Tecumseh Public Schools

January 24, 1983
Date

Patricia L. Hutinger
OUTREACH: Macomb 0-3 Regional Project

The Little River Cooperative was reinstated as a Sharing Center Adoption Site after consultation with new staff members during 1984.

The Model Adoption agreement from the Omak Birth to Three Program, Omak, Washington, will be forwarded when the program is implemented in January 1985.

Appendix F: Staff Vitae

VITA

Patricia L. Hutinger
Professor of Early Childhood Education
Western Illinois University
Macomb, Illinois 61455

EDUCATION

University of Missouri at Kansas City	B.A.	1962
University of Missouri at Kansas City	M.A.	1965
Indiana University	Ed.D.	1971

Major--Educational Psychology with specialization in human learning and cognition
Minors--Early Childhood Education, Psychology (Social Psychology)

PROFESSIONAL EXPERIENCE

Professor, Early Childhood Education (full professor since 1977), 1970 to present
Project Director, Macomb 0-3 Regional Project (Demonstration and Outreach), 1975 to present
Project Director, 0-6 Interdisciplinary Early Childhood Handicapped Personnel Training Project, 1977 to present
Project Director, Project M.U.S.E. (Microcomputer Use in Special Education), 1982 to present
Project Director, Project A.C.T.T. (Activating Children Through Technology), 1983 to present
Project Director, Governor's Planning Council's State of the Art of 0-3 Programs in Illinois Study, 1983-1984
Project Director, M.U.S.E. Trainer Project, 1984

COMMITTEES AND OFFICES HELD

HCEEP Rural Network, Vice-Chair, 1980-1982; Chairperson, 1982-1983
HCEEP Rural Network Monographs: Making It Work in Rural Communities, Editor-in-Chief, 1980 to present
National Committee for Very Young Handicapped Children and Their Families, INTERACT, 1978 to present; Co-editor of newsletter, 1979-1980
Illinois First Chance Consortium, 1977 to present; Chairperson, 1980-1982; Co-Chair, 1982 to present
Illinois United Cerebal Palsy, Board of Directors, 1978-1982
UCPI Professional Service Advisory Committee, Chairperson, 1979-1981

PUBLICATIONS (Selected from over 45)

Hutinger, P. & Keefe, J. Activating children through technology: notes on using microcomputers with very young children. Submitted to Closing the Gap, August, 1984.

Hutinger, P. Competency-based teacher education in early childhood special education: The state of the art, Chapel Hill, North Carolina: TADS, 1983

Hutinger, P. Approach for training early childhood teachers: WIU 0-6 early childhood handicapped personnel training project. Making It Work in Rural Communities: Training, Recruiting, and Retaining Personnel in Rural Areas (HCEEP Rural Network Monograph Series), August, 1981, 10-17.

Hutinger, P. 0-6 early childhood handicapped interdisciplinary personnel preparation project. Illinois School Research and Development, Winter, 1981, 17 (2), 1-6.

Hutinger, P. and Leigh, E. Alternatiive strategies for implementing change in teacher education: 0-6 early childhood handicapped personnel training project at Western Illinois University. Change Strategies Through Teacher Education, I.A.C.T.E. Monograph, 1981, 1, 49-56.

Hutinger, P. Transitional practices for handicapped young children: What the expert say. Division of Early Childhood Journal, 1981.

Hutinger, P. & Swartz, S. Final Report: R.F.P.: Early childhood study, Illinois early childhood handicapped research project. Springfield, Illinois: State Board of Education, 1980.

VITA

Bonnie J. Smith-Dickson
Elementary Education and Reading Department
Western Illinois University
Macomb, Illinois 61455

EDUCATION

Western Illinois University, Macomb, Illinois	Major: English Education Minor: Psychology	B.A.	1973
Western Illinois University, Macomb, Illinois	English	M.A.	1974
Western Illinois University, Macomb, Illinois			1975-1983

Additonal hours in Psychology, Early Childhood, Family Counseling, and Computer Use in Special Education

PROFESSIONAL EXPERIENCE

Coordinator, Project M.U.S.E., Western Illinois University, 1982 to present

Coordinator, OUTREACH: Macomb 0-3 Regional Project, Western Illinois University, 1981 to present

Coordinator, 0-6 Early Childhood Handicapped Interdisciplinary Personnel Preparation Project, Western Illinois University, 1981-present

Instructor, English, Western Illinois University, 1975-1979

SELECTED PUBLICATIONS

Smith-Dickson, B., & Hutinger, P. (eds.) Effective collaboration among health care and education professionals: A necessary condition for successful early intervention in rural areas. Making it Work in Rural Communities: A Rural Network Monograph, November, 1982.

Hutinger, P. & Smith-Dickson, B. (eds.) Making It Work In Rural Communities: Proceedings of the Second HCEEP Rural Workshop, March, 1982.

Garland, C., et al. Securing funding in rural programs for young handicapped children, Making It Work in Rural Communities: A Rural Network Monograph (eds.) P. Hutinger & B. Smith-Dickson, June, 1981.

Casto, G., et al. Training, recruiting, and rettaining personnel in rural areas. Making It Work in Rural Communities: A Rural Network Monograph (eds.) P. Hutinger & B. Smith-Dickson. Intros. by B. Smith-Dickson, August, 1981.

Threet, S., et al. Interagency coordination: A necessity in rural programs. A Rural Network Monograph, Introductions by B. Smith-Dickson, (ed.) P. Hutinger, August, 1981.

Hutinger, P., Kutcher, A., Smith-Dickson, B., & Hanners, B. What's rural? An overview of successful strategies used by rural programs for young handicapped children. Making It Work in Rural Communities: A Rural Network Monograph (ed.) Patricia Hutinger, June, 1981.

PRESENTATIONS

Numerous presentations on strategies for working with parents and microcomputer use in special education.

COMMITTEES AND OFFICES HELD

Very Special Arts Festival, Promotions Chairperson	1984
Illinois First Chance Consortium, Secretary	1981-present
McDonough County Interagency Council, Representative	1981-present

VITA

Sue Lynn Marshall
213 South College
Macomb, Illinois 61455

EDUCATION

Western Illinois University B.S. Education 1975

Major area of study: Special Education with emphasis in Learning Disabilities and Mental Retardation.

Participated in WIU Block program, assisting in a TMH Intermediate classroom, Hardin, Montana in addition to required field work.

Western Illinois University M.S. Early Childhood Education 1985

CERTIFICATION

Illinois Type 10-Special K-12 Teaching
Illinois Type 4-Elementary K-9 Teaching
Approvable Designation - Pre-School Handicapped

PROFESSIONAL EXPERIENCE

Training Coordinator, OUTREACH: Macomb 0-3 Project, responsibilities include conducting awareness presentations and replication training on Macomb Model Components, conducting evaluation and follow-up activities with replicatino sites, stimulating new sites, conducting in-services training and workshops on topic relaed to early intervention and preschool handicapped programs, assisting in development of project products and materials, maintaining resource library, coordinating inservice training for the Region IB-DD 0-3 Consortium, October, 1982 to present.

Graduate Assistant, Macomb 0-6 Training Project, Western Illinois University, supervised undergraduates in training, coordinated practicum experiences, made classroom/community presentation for recruitment and awareness purposes, September, 1981 - June, 1982.

Teacher of Special Education: Primary Resource, Preschool Multihandicapped Program, and Title I Reading, Math, and Language Arts Program, January, 1976 - March, 1981.

PUBLICATIONS

McCartan, K., Hutinger, P., Marshall, S. Macomb 0-3 Core Curriculum. Macomb: Western Illinois University, 1983.

VITA

MARY E. STRODE
OUTREACH MACOMB 0-3 PROJECT
WESTERN ILLINOIS UNIVERSITY

EDUCATION

Master of Science in Education, Southern Illinois University, Edwardsville, Illinois; Major: Counselor Education, 1972

Bachelor of Science in Education, Western Illinois University, Macomb, Illinois; Major: Elementary Education
Major area of study: Special Education, 1968

CERTIFICATION

Illinois #800751, Elementary Education K-9
Illinois #800752, Special - EMH
Illinois #1059237, Special - Learning disabilities
Illinois #934236, School Service Personnel - Guidance

PROFESSIONAL EXPERIENCE

Evaluator, Macomb 0-3 Project, Western Illinois University
January, 1984 to present

Evaluator, Macomb 0-3 Project, Western Illinois University
September, 1978 - April, 1981

Special Education Resource Teacher, Fulton County Unit Dist. #3
September, 1972- May, 1976

4th Grade Teacher, Mascoutah Community School Dist.
September, 1968 - May, 1972

PRESENTATIONS

Illinois Birth to Three Symposium "Effective Home-Based Programs for Infants", Peoria, Illinois, May 17-18, 1984.

Green Valley Area Education Agency 14 Professional and Paraprofessional preschool Inservice Workshop, "Normal Child Growth and Development, Handicapping Conditions, and Curriculum Development." Creston, Iowa, August 10-13, 1980

"Techniques, Intervention, and Child Development with Special-Typical Children." Migrant Teachers, Division of Children and Family Services. Western Illinois University, Macomb, Illinois, April 30-May 2, 1980

PUBLICATIONS

Sharing Center News-Spring, 1984, Outreach: Macomb 0-3 Project, Western Illinois University, Macomb, Illinois